



UNITED STATES
ENVIRONMENTAL PROTECTION AGENCY
REGION V

111 West Jackson Blvd.
CHICAGO, ILLINOIS 60604

REPLY TO ATTENTION OF:
RCRA ACTIVITIES

JUL 1 1982

Mr. William Yokers
Maintenance Supervisor
General Electric Co., Med Sys Div W-715
P. O. Box 414
Milwaukee, Wisconsin 53201
RE: Interim Status Acknowledgement
FACILITY NAME: General Electric Co., Med Sys Div W-715

USEPA ID No. WI D000808725

Dear Mr. Yokers:

This is to acknowledge that the U.S. Environmental Protection Agency (USEPA) has completed processing your Part A Hazardous Waste Permit Application. It is the opinion of this office that the information submitted is complete and that you, as an owner or operator of a hazardous waste management facility, have met the requirements of Section 3005(e) of the Resource Conservation and Recovery Act (RCRA) for interim status. However, should USEPA obtain information which indicates that your application was incomplete or inaccurate, you may be requested to provide further documentation of your claim for interim status. Our opinion will be reevaluated on the basis of this information.

The State of Wisconsin has received Phase I interim authorization under Section 3006 of RCRA. Because of this authorization you are required to comply with standards prescribed in the Wisconsin Administrative Code, NR-181, in lieu of the standards in 40 CFR 265. In addition, you are reminded that operating under interim status does not relieve you of the need to comply with other applicable Federal, State and local requirements.

The printout enclosed with this letter identifies the limit(s) of the process design capacities your facility may use during the interim status period. This information was obtained from the Part A permit application that was sent to USEPA. If you wish to handle new wastes, to change processes, to increase the design capacity of existing processes, or to change ownership or operational control of the facility, you may do so only as provided in 40 CFR 122.23 and as State regulations allow.

As stated in the first paragraph of this letter, you have met the requirements of 40 CFR 122.23; your facility may operate under interim status until such time as an RCRA permit is issued or denied. This will be preceded by a request from this office or the Wisconsin Department of Natural Resources for Part B of your application. Please contact Arthur Kawatachi of my staff at (312) 886-7449, if you have any questions concerning this letter or the enclosure.

Sincerely yours,

Karl J. Klepitsch Jr.

Karl J. Klepitsch, Jr., Chief
Waste Management Branch

Enclosure

cc: W. L. Robb, Vice President
Apex Investment Associates, Inc.

*See Part B
change for sol.
increase to 880-G
AES
2-29-84
9/1/82
Also location
of storage area
315*

GENERAL ELECTRIC CO MED SYS DIV W-715

EPA ID NUMBER

WID000808725

GENERAL ELECTRIC CO

FACILITY OWNER

APEX INVESTMENT ASSOC., INC.

FACILITY LOCATION

300 W. EDGERTON AVE
MILWAUKEE

WI 53207

PROCESS CODE

S01

DESIGN CAPACITY

300.00000

UNIT OF MEASURE

G

----- KEY

| PROCESS | PRO- CESS CODE | APPROPRIATE UNITS OF MEASURE | UNIT OF MEASURE | CODE |
|---------------------|----------------------|------------------------------------|--------------------|------|
| STORAGE: | | | GALLONS | G |
| | | | LITERS | L |
| CONTAINER | S01 | G or L | CUBIC YARDS | Y |
| TANK | S02 | G or L | CUBIC METERS | C |
| WASTE PILE | S03 | Y or C | GALLONS PER DAY | U |
| SURFACE IMPOUNDMENT | S04 | G or L | LITERS PER DAY | V |
| DISPOSAL: | | | TONS PER HOUR | D |
| | | | METRIC TONS/HOUR | W |
| INJECTION WELL | D79 | G,L,U, or V | GALLONS/HOUR | E |
| LANDFILL | D80 | A or F | LITERS/HOUR | H |
| LAND APPLICATION | D81 | B or Q | ACRE-Feet | A |
| OCEAN DISPOSAL | D82 | U or V | HECTARE-METER | F |
| SURFACE IMPOUNDMENT | D83 | G or L | ACRES | B |
| TREATMENT: | | | HECTARES | Q |
| | | | POUNDS/HOUR | J |
| TANK | T01 | U or V | KILOGRAMS/HOUR | R |
| SURFACE IMPOUNDMENT | T02 | U or V | TONS PER DAY | N |
| INCINERATOR | T03 | D,W,E, or H | METRIC TONS/DAY | S |
| OTHER | T04 | U,V,J,R,N, or S | | |

NAME OF PREPARER THERMA Y. CODINAPREPARER IS: USEPA EMPLOYEE ☒STATE EMPLOYEE ☐DATE 7/24/85

TREATMENT, STORAGE, DISPOSAL FACILITY
INITIAL SCREENING
FOR
ENVIRONMENTAL SIGNIFICANCE

FACILITY NAME GENERAL ELECTRIC - MEDICAL SYSTEMS CO.FACILITY ID # WID 000 808 725FACILITY LOCATION 315W. EDGERTON AVE
STREET ADDRESS

| | | | |
|------------------|------------------|-----------|--------------|
| <u>MILWAUKEE</u> | <u>MILWAUKEE</u> | <u>WI</u> | <u>53207</u> |
| CITY | COUNTY | STATE | ZIP CODE |

LIST ALL CURRENT INTERIM STATUS PROCESS CODES501LIST ALL PROCESS CODES PROPOSED IN PART B APPLICATION (IF APPLICABLE)501INSTRUCTIONS

FOR EACH OF ITEMS 1 THROUGH 11 BELOW, MARK ONE AND ONLY ONE BOX, BASED ON YOUR KNOWLEDGE OF THE FACILITY. USE THE "RATING DISCUSSION" TO ELABORATE, IF DESIRED. NOTE THAT ANY ENVIRONMENTAL CONCERN RATING OF HIGH CONSTITUTES YOUR RECOMMENDATION THAT THIS FACILITY IS "SUFFICIENTLY ENVIRONMENTALLY SIGNIFICANT" TO WARRANT PREPARATION OF A FACILITY MANAGEMENT PLAN. IN ORDER FOR YOU TO RECOMMEND THAT A FACILITY MANAGEMENT PLAN NEED NOT BE PREPARED, EACH AND EVERY ITEM MUST BE MARKED EITHER LOW OR N/A.

Environmental Concern
Rating

1. Rate concern relative to the CERCLA Program, and discuss -- (National Priority List sites should automatically be high concern; significant past handlers of CERCLA cleanup wastes should automatically be high concern; facilities that have absolutely no 'CERCLA connection' should be rated N/A)

HIGH

LOW

N/A

☐
☐
☒

RATING DISCUSSION: _____

NO CERCLA CONNECTION

2. Rate concern relative to status as a commercial handler, and discuss -- (facilities that handle significant amounts of waste from a variety of sources should be rated high; (facilities that handle only their own company's off-site waste could be rated low; facilities that only handle on-site generated wastes should be rated N/A)

☐
☐
☒

RATING DISCUSSION: _____

HANDLES ON-SITE GENERATED

WASTE

3. Rate concern relative to facility's financial condition (facilities which have or are expected to declare financial insolvency should be rated high)

☐
☒

RATING DISCUSSION: COMPANY STABLE

FINANCIAL

Environmental Concern
Rating

HIGH

LOW

N/A

4. Rate concern relative to facility's 40 CFR Part 265 compliance status/history, (High Priority Violators and Significant Non-Compliers should be rated high; for proposed facilities, rating is N/A)

☐☒☐

RATING DISCUSSION: _____

5. Based on the waste management processes employed (to be employed) at the facility, rate the concern, and discuss -- (processes subject to ground water monitoring will most often dictate a rating of high; incinerators will most often dictate a rating of high; "contained" storage/treatment such as in drums/tanks will most often rate low)

☐☒

RATING DISCUSSION: 501 facility

only

6. Based on the presence, absence, significance of old Solid Waste Management Units & whether releases from old or current units are known, suspected, corrected; rate the concern, and discuss -- (known & seriously suspected releases should dictate a rating of high, unless felt to be insignificant/de minimis)

☐☒

RATING DISCUSSION: _____

Environmental Concern
Rating

HIGH LOW N/A

7. Rate concern, based only on the volume and type of waste handled, and discuss -- (low volumes of extremely toxic wastes could rate a high; very heavy volumes of waste could rate a high, though wastes are not particularly dangerous)

☐☒

RATING DISCUSSION: _____

8 drums material, then shipped out.

8. Rate concern relative to facility's NON-hazardous waste general environmental regulatory status/history, and discuss --

☐☒☐

RATING DISCUSSION: _____

9. Rate concern relative to facility's physical location (proximity to population or to sources of accidents or dangers which would tend to increase the facility's inherent danger)

☐☒

RATING DISCUSSION: _____

Environmental Concern
Rating

10. Rate public concern, for whatever
reason

HIGH

☐

LOW

☒

N/A

RATING DISCUSSION: _____

11. Other

☐☐☐

DISCUSS: _____

BASED ON ABOVE ANALYSIS, RECOMMENDATION IS THAT

GENERAL ELECTRIC MEDICAL SYSTEMS GROUP

FACILITY NAME

IS ENVIRONMENTALLY SIGNIFICANT
AND A FACILITY MANAGEMENT PLAN
WILL BE PREPARED

☐

IS NOT, AT THIS TIME, CONSIDERED
TO BE ENVIRONMENTALLY SIGNIFICANT,
AND A FACILITY MANAGEMENT PLAN
WILL NOT BE PREPARED

☒

SUMMARY OF FACILITY SCREENING
FOR ENVIRONMENTAL SIGNIFICANCE

FACILITY NAME GENERAL ELECTRIC MEDICAL SYSTEMS GROUP

FACILITY ID # WID 000 808 725

Environmentally Significant

YES

NO

STATE'S RECOMMENDATION OF 7/85
DATE

☐☒

U.S. EPA RECOMMENDATION OF 7/24/85
DATE

☐☒

JOINT STATE - U.S. EPA DETERMINATION

☐☒

Discussion of resolution of issues, if any, in
arriving at joint recommendation. Include
date(s), location, participants at any resolution
meetings.



ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

WID0000808725

REACKNOWLEDGEMENT

INSTALLATION ADDRESS

GENERAL ELECTRIC MEDICAL SYSTEMS W-715
PO BOX 414
MILWAUKEE WI 53201

300 W EDGERTON AVE
MILWAUKEE WI 53221

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

PLEASE PLACE LABEL IN THIS SPACE

000192 AUG 15 80

III. LOCATION OF INSTALLATION

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

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COMMENTS

INSTALLATION'S EPA I.D. NUMBER APPROVED DATE RECEIVED (yr., mo., & day)

I. NAME OF INSTALLATION

GENERAL ELECTRICAL MEDICAL SYSTEMS W-715

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

PO BOX 414

CITY OR TOWN

MILWAUKEE

ST.

ZIP CODE

WI 53201

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

300 W EDGERTON AVE

CITY OR TOWN

MILWAUKEE

ST.

ZIP CODE

WI 53221

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

YOKERS WILLIAM MAINT SUPERVISOR 414-383-3211

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

APEX INVESTMENT ASSOC INC

B. TYPE OF OWNERSHIP (enter the appropriate letter into box)

F = FEDERAL
M = NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☒ A. GENERATION☐ B. TRANSPORTATION (complete item VII)☒ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☐ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

WID000808725

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

AUG 14 1980

WOI D00080872551
 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

| | | | | | |
|----------------------|----------------------|--------------|---------------|---------------|---------------|
| 1 F001 23 - 26 | 2 F017 23 - 26 | 3 23 - 26 | 4 23 - 26 | 5 23 - 26 | 6 23 - 26 |
| 7 23 - 26 | 8 23 - 26 | 9 23 - 26 | 10 23 - 26 | 11 23 - 26 | 12 23 - 26 |

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

| | | | | | |
|--------------------------------|--------------------------------|---------------|---------------|---------------|---------------|
| 13 13 23 - 26 | 14 14 23 - 26 | 15 23 - 26 | 16 23 - 26 | 17 23 - 26 | 18 23 - 26 |
| 19 23 - 26 | 20 23 - 26 | 21 23 - 26 | 22 23 - 26 | 23 23 - 26 | 24 23 - 26 |
| 25 23 - 26 | 26 23 - 26 | 27 23 - 26 | 28 23 - 26 | 29 23 - 26 | 30 23 - 26 |

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

| | | | | | |
|-----------------------|-----------------------|---------------|---------------|---------------|---------------|
| 31 U080 23 - 26 | 32 U226 23 - 26 | 33 23 - 26 | 34 23 - 26 | 35 23 - 26 | 36 23 - 26 |
| 37 23 - 26 | 38 23 - 26 | 39 23 - 26 | 40 23 - 26 | 41 23 - 26 | 42 23 - 26 |
| 43 23 - 26 | 44 23 - 26 | 45 23 - 26 | 46 23 - 26 | 47 23 - 26 | 48 23 - 26 |

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

| | | | | | |
|---------------|---------------|---------------|---------------|---------------|---------------|
| 49 23 - 26 | 50 23 - 26 | 51 23 - 26 | 52 23 - 26 | 53 23 - 26 | 54 23 - 26 |
|---------------|---------------|---------------|---------------|---------------|---------------|

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE
(D001)

☒ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☒ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

William R. Johns

NAME & OFFICIAL TITLE (type or print)

 SUPERVISOR, PLANT FACILITIES
AND MAINTENANCE

DATE SIGNED

8/2/80

| EPA | | ENVIRONMENTAL PROTECTION AGENCY | | EPA ID. NUMBER | |
|--------------------------|--|----------------------------------|--|--|--|
| GENERAL INFORMATION | | Consolidated Permits Program | | F W I D 0 0 0 8 0 8 7 2 5 D | |
| LABEL ITEMS | | GENERAL INSTRUCTIONS | | | |
| I. EPA ID. NUMBER | | PLEASE PLACE LABEL IN THIS SPACE | | If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI (except V-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected. | |
| II. FACILITY NAME | | | | | |
| FACILITY MAILING ADDRESS | | | | | |
| FACILITY LOCATION | | | | | |

I. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

| SPECIFIC QUESTIONS | MARK 'X' | | | SPECIFIC QUESTIONS | MARK 'X' | | |
|--|----------|----|---------------|--|----------|----|---------------|
| | YES | NO | FORM ATTACHED | | YES | NO | FORM ATTACHED |
| A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A) | | X | | B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B) | | X | |
| C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C) | | X | | D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D) | | X | |
| E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3) | X | | X | F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4) | | X | |
| G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production. Inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4) | | X | | H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4) | | X | |
| I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5) | | X | | J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5) | | X | |

III. NAME OF FACILITY

| | |
|------|--------------------------|
| SKIP | GENERAL ELECTRIC COMPANY |
|------|--------------------------|

IV. FACILITY CONTACT

| A. NAME & TITLE (last, first, & title) | B. PHONE (area code & no.) |
|--|----------------------------|
| YOKERS WILLIAM MAINT. SUPV. | 4 14 383 5211 |

V. FACILITY MAILING ADDRESS

| A. STREET OR P.O. BOX | B. CITY OR TOWN | C. STATE | D. ZIP CODE |
|-----------------------|-----------------|----------|-------------|
| PO BOX 414 | MILWAUKEE | WI | 53201 |

VI. FACILITY LOCATION

| A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER | B. COUNTY NAME | C. CITY OR TOWN | D. STATE | E. ZIP CODE | F. COUNTY CODE (if known) |
|---|----------------|-----------------|----------|-------------|---------------------------|
| 300 W. EDGERTON AVENUE | MILWAUKEE | MILWAUKEE | WI | 53207 | 079 |

80
3-12-82
12/21/81
NB

| | | | |
|---|--|-------------|--|
| II. SIC CODES (4-digit, in order of priority) | | | |
| A. FIRST | | B. SECOND | |
| 3 6 9 3 (specify) | | 7 (specify) | |
| MEDICAL MONITORING EQUIPMENT | | | |
| C. THIRD | | D. FOURTH | |
| 7 (specify) | | 7 (specify) | |

| | | | |
|--|---|---|---|
| III. OPERATOR INFORMATION | | | |
| A. NAME | | | B. Is the name listed in Item V(II-A) also the owner? |
| GENERAL ELECTRIC COMPANY | | | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.) | | D. PHONE (area code & no.) | |
| F = FEDERAL S = STATE P = PRIVATE | M = PUBLIC (other than federal or state) O = OTHER (specify) | P (specify) | 4 1 4 3 8 3 3 2 1 1 |
| E. STREET OR P.O. BOX | | | |
| P O BOX 4 1 4 | | | |
| F. CITY OR TOWN | | G. STATE | H. ZIP CODE |
| M I L W A U K E E | | W I | 5 3 2 0 1 |
| | | IX. INDIAN LAND | |
| | | Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |

| | | | |
|--|--|--|--|
| X. EXISTING ENVIRONMENTAL PERMITS | | | |
| A. NPDES (Discharges to Surface Water) | | D. PSD (Air Emissions from Proposed Sources) | |
| N | | P | |
| B. UIC (Underground Injection of Fluids) | | E. OTHER (specify) | |
| U | | (specify) | |
| C. RCRA (Hazardous Wastes) | | F. OTHER (specify) | |
| R | | 0 0 4 0 0 7 0 (specify) WPDES (Wis.) | |

XI. MAP

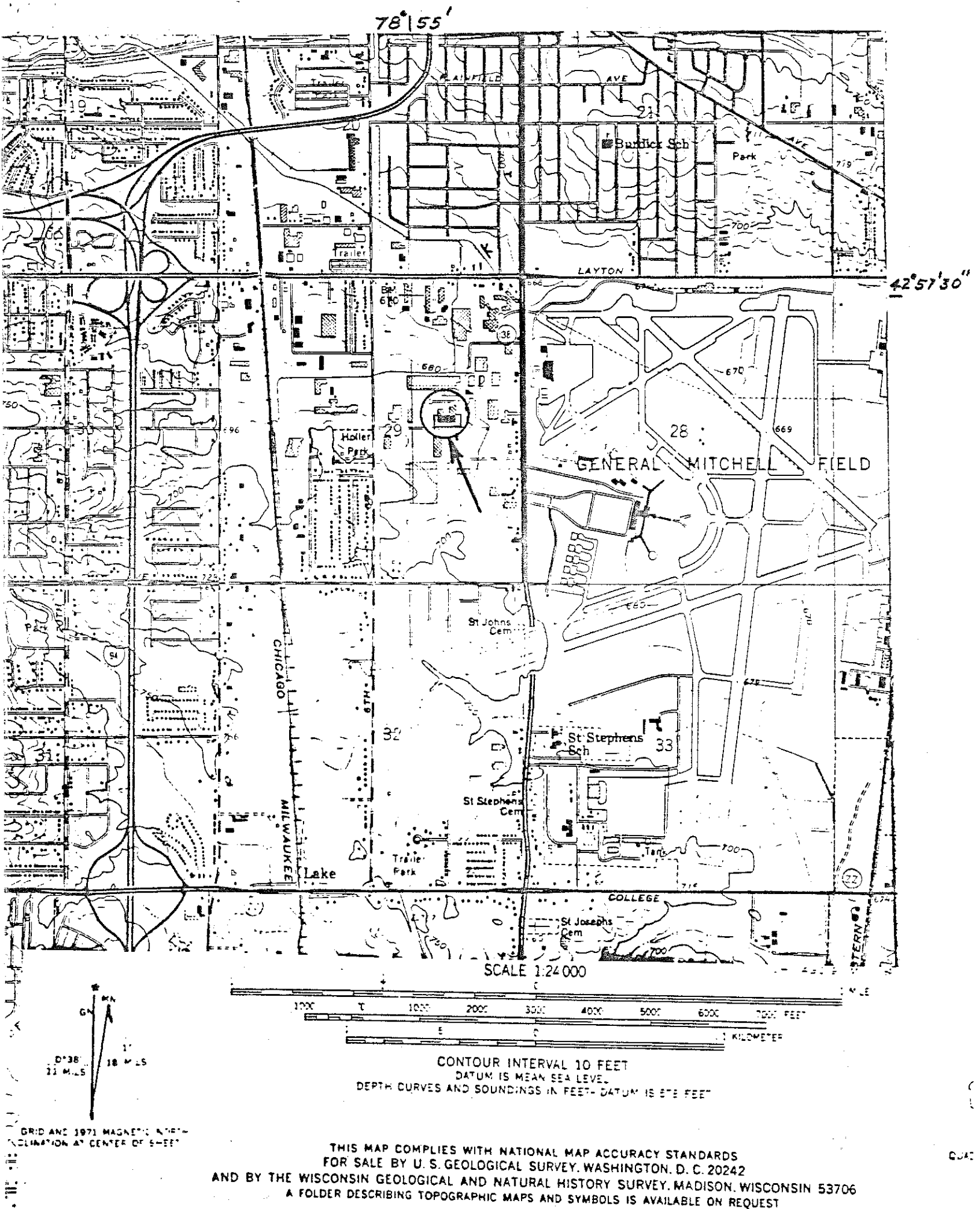
Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

Assemble and test medical monitoring equipment.

| | | |
|---|--------------|----------------|
| XIII. CERTIFICATION (see instructions) | | |
| I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. | | |
| A. NAME & OFFICIAL TITLE (type or print) | B. SIGNATURE | C. DATE SIGNED |
| W. L. Robb, Vice President & Division General Manager | | 11/6/80 |

COMMENTS FOR OFFICIAL USE ONLY



| | | | | | | | | | | | | | | |
|-------------------|--|--|---------------------------|--|--|--|--|--|--|--|--|--|--|--|
| FORM 3 RCRA |  | U.S. ENVIRONMENTAL PROTECTION AGENCY HAZAR US WASTE PERMIT APPLICATION Consolidated Permits Program (This information is required under Section 3005 of RCRA.) | 1. EPA I.D. NUMBER | | | | | | | | | | | |
| | | | F W I D 0 0 0 8 0 8 7 2 5 | | | | | | | | | | | |

FOR OFFICIAL USE ONLY

| | |
|-------------------------|------------------------------------|
| APPLICATION APPROVED | DATE RECEIVED (yr., mo., & day) |
| | |

COMMENTS

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application, and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

☒ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)☐ 2. NEW FACILITY (Complete item below.)

| | | | | |
|----|-----|-----|-----|--|
| C | YR. | MO. | DAY | FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left) |
| 8 | 6 | 8 | 10 | 15 |
| 15 | 75 | 76 | 77 | 78 |

| | | | |
|-----|-----|-----|--|
| YR. | MO. | DAY | FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN |
| | | | |
| 75 | 76 | 77 | 78 |

B. REVISED APPLICATION (place an "X" below and complete item 1 above)

☐ 1. FACILITY HAS INTERIM STATUS☐ 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

| PROCESS | PRO- CESS CODE | APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY |
|--------------------------------|----------------------|--|
| <u>Storage:</u> | | |
| CONTAINER (barrel, drum, etc.) | S01 | GALLONS OR LITERS |
| TANK | S02 | GALLONS OR LITERS |
| WASTE PILE | S03 | CUBIC YARDS OR CUBIC METERS |
| SURFACE IMPOUNDMENT | S04 | GALLONS OR LITERS |

| | | |
|---------------------|-----|---|
| <u>Disposal:</u> | | |
| INJECTION WELL | D79 | GALLONS OR LITERS |
| LANDFILL | D80 | ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER |
| LAND APPLICATION | D81 | ACRES OR HECTARES |
| OCEAN DISPOSAL | D82 | GALLONS PER DAY OR LITERS PER DAY |
| SURFACE IMPOUNDMENT | D83 | GALLONS OR LITERS |

| PROCESS | PRO- CESS CODE | APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY |
|---------------------|----------------------|---|
| <u>Treatment:</u> | | |
| TANK | T01 | GALLONS PER DAY OR LITERS PER DAY |
| SURFACE IMPOUNDMENT | T02 | GALLONS PER DAY OR LITERS PER DAY |
| INCINERATOR | T03 | TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR |

OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)

T04 GALLONS PER DAY OR
LITERS PER DAY

| UNIT OF MEASURE | UNIT OF MEASURE CODE | UNIT OF MEASURE | UNIT OF MEASURE CODE | UNIT OF MEASURE | UNIT OF MEASURE CODE |
|----------------------|----------------------------|---------------------------|----------------------------|--------------------|----------------------------|
| GALLONS..... | G | LITERS PER DAY..... | V | ACRE-FEET..... | A |
| LITERS..... | L | TONS PER HOUR..... | D | HECTARE-METER..... | F |
| CUBIC YARDS..... | Y | METRIC TONS PER HOUR..... | W | ACRES..... | B |
| CUBIC METERS..... | C | GALLONS PER HOUR..... | E | HECTARES..... | Q |
| GALLONS PER DAY..... | U | LITERS PER HOUR..... | H | | |

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

| | | | | | | | | | | | | | | | | | | | |
|----------------|---|----------------------------|---|--------------------------------|----------------|---|----------------------------|---|--------------------------------|------------|--|--|--|--|--|--|--|--|--|
| E C DUP | | | | | | | | | | T/A C 1 | | | | | | | | | |
| 1 12 | | | | | | | | | | 13 14 15 | | | | | | | | | |
| LINE NUMBER | A. PRO- CESS CODE (from list above) | B. PROCESS DESIGN CAPACITY | | FOR OFFICIAL USE ONLY | LINE NUMBER | A. PRO- CESS CODE (from list above) | B. PROCESS DESIGN CAPACITY | | FOR OFFICIAL USE ONLY | | | | | | | | | | |
| | | 1. AMOUNT (specify) | 2. UNIT OF MEA- SURE (enter code) | | | | 1. AMOUNT | 2. UNIT OF MEA- SURE (enter code) | | | | | | | | | | | |
| X-1 | S-0 2 | 600 | G | | 5 | | | | | | | | | | | | | | |
| X-2 | T-0 3 | 20 | E | | 6 | | | | | | | | | | | | | | |
| 1 | S 0 1 | 300 | G | | 7 | | | | | | | | | | | | | | |
| 2 | | | | | 8 | | | | | | | | | | | | | | |
| 3 | | | | | 9 | | | | | | | | | | | | | | |
| 4 | | | | | 10 | | | | | | | | | | | | | | |

II. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

- A. EPA HAZARDOUS WASTE NUMBER - Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristic and/or the toxic contaminants of those hazardous wastes.
- B. ESTIMATED ANNUAL QUANTITY - For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.
- C. UNIT OF MEASURE - For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

| ENGLISH UNIT OF MEASURE | CODE | METRIC UNIT OF MEASURE | CODE |
|-------------------------|------|------------------------|------|
| POUNDS | P | KILOGRAMS | K |
| TONS | T | METRIC TONS | M |

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES:

For listed hazardous wastes: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER - Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) - A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

| LINE NO. | A. EPA HAZARDOUS WASTE NO. (enter code) | B. ESTIMATED ANNUAL QUANTITY OF WASTE | C. UNIT OF MEASURE (enter code) | D. PROCESSES | |
|----------|---|---------------------------------------|---------------------------------|--------------------------|---|
| | | | | 1. PROCESS CODES (enter) | 2. PROCESS DESCRIPTION (If a code is not entered in D(1)) |
| X-1 | K 0 5 4 | 900 | P | T 0 3 D 8 0 | |
| X-2 | D 0 0 2 | 400 | P | T 0 3 D 8 0 | |
| X-3 | D 0 0 1 | 100 | P | T 0 3 D 8 0 | |
| X-4 | D 0 0 2 | | | | included with above |

Continued from page 2.

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

| | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| EPA I.D. NUMBER (enter from page 1) | | | | | | | | | | | | FOR OFFICIAL USE ONLY | | | | | | | | | | | |
| <div style="display: flex; justify-content: space-between;"> W W I D 0 0 0 8 0 8 7 2 5 T/A C </div> | | | | | | | | | | | | <div style="display: flex; justify-content: space-between;"> W DUP T/A C 2 DUP </div> | | | | | | | | | | | |

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

| LINE NO. | A. EPA HAZARD. WASTE NO. (enter code) | B. ESTIMATED ANNUAL QUANTITY OF WASTE | C. UNIT OF MEASURE (enter code) | D. PROCESSES | | | | | | | |
|----------|--|---------------------------------------|------------------------------------|-----------------------------|----|------|----|--|----|------|----|
| | | | | 1. PROCESS CODES (enter) | | | | 2. PROCESS DESCRIPTION (if a code is not entered in D(1)) | | | |
| | | | | 27 - | 28 | 27 - | 28 | 27 - | 28 | 27 - | 28 |
| 1 | F 0 0 1 | 1710 | P | S | 0 | 1 | | | | | |
| 2 | F 0 8 0 | 950 | P | S | 0 | 1 | | | | | |
| 3 | U 2 2 6 | 1900 | P | S | 0 | 1 | | | | | |
| 4 | F 0 1 1 | 10 | P | S | 0 | 1 | | | | | DW |
| 5 | | | | | | | | | | | |
| 6 | | | | | | | | | | | |
| 7 | | | | | | | | | | | |
| 8 | | | | | | | | | | | |
| 9 | | | | | | | | | | | |
| 10 | | | | | | | | | | | |
| 11 | | | | | | | | | | | |
| 12 | | | | | | | | | | | |
| 13 | | | | | | | | | | | |
| 14 | | | | | | | | | | | |
| 15 | | | | | | | | | | | |
| 16 | | | | | | | | | | | |
| 17 | | | | | | | | | | | |
| 18 | | | | | | | | | | | |
| 19 | | | | | | | | | | | |
| 20 | | | | | | | | | | | |
| 21 | | | | | | | | | | | |
| 22 | | | | | | | | | | | |
| 23 | | | | | | | | | | | |
| 24 | | | | | | | | | | | |
| 25 | | | | | | | | | | | |
| 26 | | | | | | | | | | | |

IV. DESCRIPTION OF HAZARDOUS WASTE (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)

FWID 000808725 TAC 6

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

42 57 01 0

LONGITUDE (degrees, minutes, & seconds)

087 54 05 5

VIII. FACILITY OWNER

☐ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

APEX INVESTMENT ASSOC., INC.

2. PHONE NO. (area code & no.)

414-272-4440

3. STREET OR P.O. BOX

222 East Erie Street

4. CITY OR TOWN

Milwaukee

5. ST.

WI

6. ZIP CODE

53202

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

Apex Investment Assoc., Inc.

B. SIGNATURE

Michael A. Gentry, President

C. DATE SIGNED

Nov. 12, 1980

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

W. L. Robb, Vice President & Division General Manager

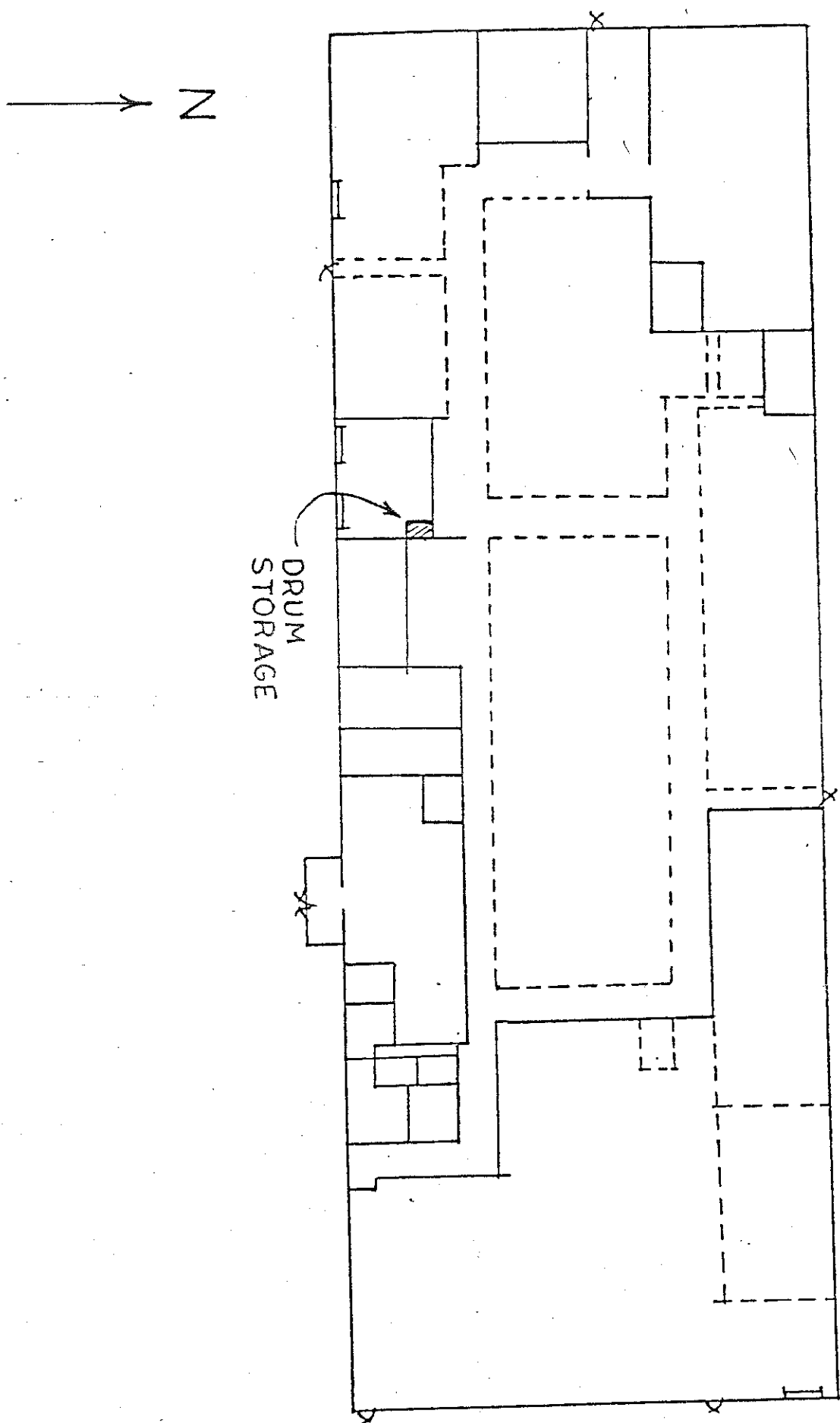
B. SIGNATURE

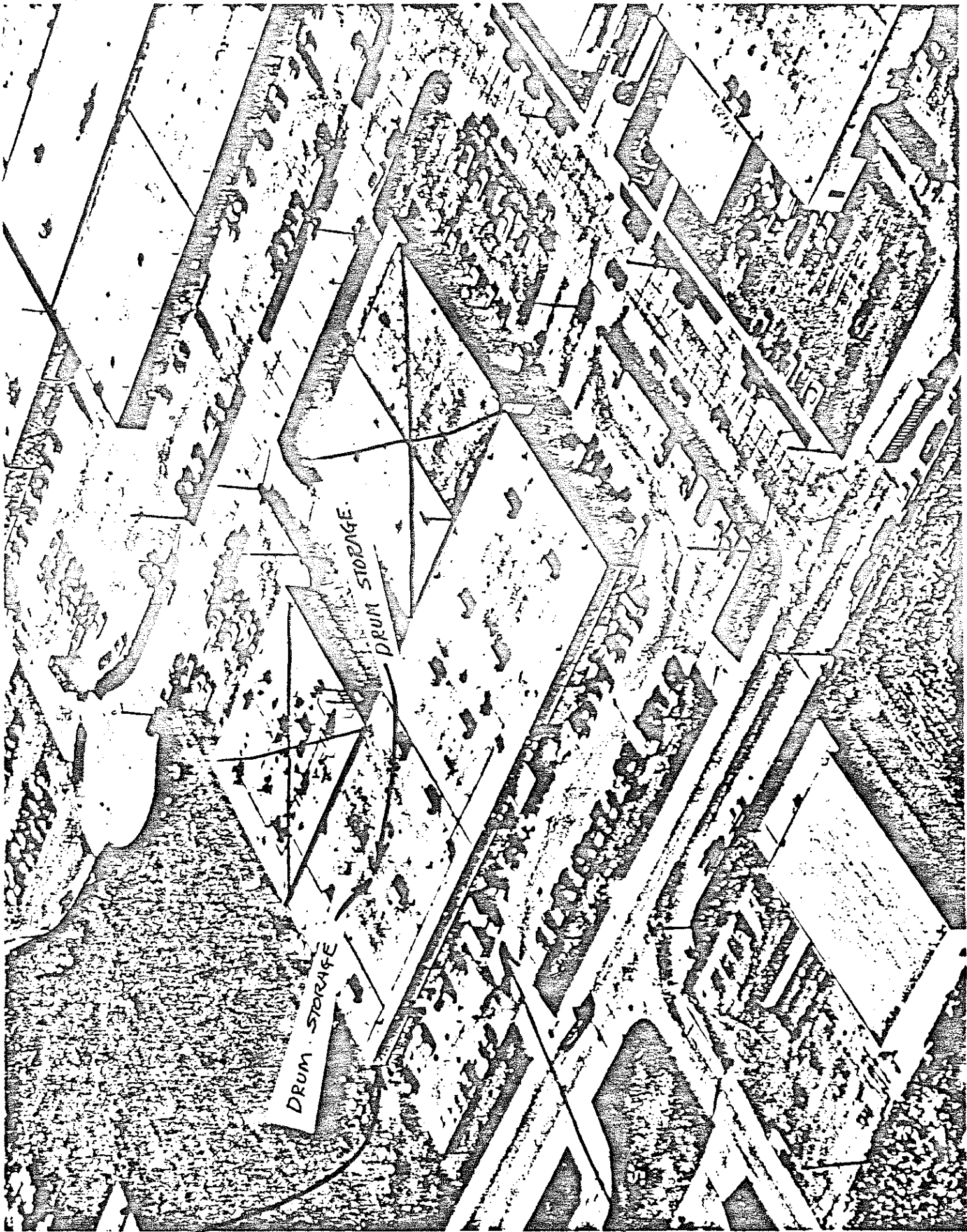
W. L. Robb

C. DATE SIGNED

11/16/80

300 W. EDGERTON





THIS BLDG. IS 300 EGGERTON AVE

new owner

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Approved. OMB No. 2050-0028. Expires 9-30-92
GSA No. 0246-EPA-OT

Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



EPA

Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

FEB 18 1994

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐

A. First Notification

☐

B. Subsequent Notification
(complete item C)

C. Installation's EPA ID Number

W I D 0 0 0 8 0 8 7 2 5

II. Name of Installation (Include company and specific site name)

G E N E R A L E L E C T R I C C O M P A N Y

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

3 1 5 W E D G E R T O N

Street (continued)

RECEIVED
WMD RECORD CENTER

MAY 12 1994

City or Town

M I L W A U K E E

State

ZIP Code

W I 5 3 2 0 7 -

County Code

County Name

M I L W A U K E E

IV. Installation Mailing Address (See instructions)

Street or P.O. Box

S A M E

City or Town

State

ZIP Code

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

(first)

R Y D Z E W S K I

T E D

Job Title

Phone Number (area code and number)

E H S S P E C I A L I S T 4 1 4 - 5 4 4 - 3 0 5 7

VI. Installation Contact Address (See instructions)

A. Contact Address
Location Mailing

B. Street or P.O. Box

☐☐

3 0 0 0 G R A N D V I E W

City or Town

State

ZIP Code

W A U K E S H A

W I 5 3 1 8 8 -

VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

G E N E R A L E L E C T R I C C O M P A N Y

Street, P.O. Box, or Route Number

3 1 3 5 E A S T O N T U R N P I K E

City or Town

State

ZIP Code

F A I R F I E L D

C T 0 6 4 3 1 -

Phone Number (area code and number)

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed)

Month Day Year

Yes

No

X

APR 19 1994

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity

1. Generator (See instructions)
- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
- ☒ b. 100 to 1000 kg/mo (220 - 2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes
- Mode of Transportation
- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify
- ☐ 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions
4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Boiler and/or Industrial Furnace
- ☐ 1. Smelter Referral
- ☐ 2. Small Quantity Exemption
- Indicate Type of Combustion Device(s)
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner - indicate device(s) - Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☐
2. Corrosive (D002) ☐
3. Reactive (D003) ☐
4. Toxicity Characteristic (D000) ☐
- (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

| | | | | | |
|-----------|-----------|---|----|----|----|
| 1 F001 | 2 F005 | 3 | 4 | 5 | 6 |
| 7 | 8 | 9 | 10 | 11 | 12 |

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number. See instructions.)

| | | | | | |
|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 |
|---|---|---|---|---|---|

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Name and Official Title (type or print)

Date Signed

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

EPA Form 3510-1 (6-80)

VII. SIC CODES (4-digit, in order of priority)

| | | | | | | | |
|--|---|---|---|-----------|--|--|--|
| A. FIRST | | | | B. SECOND | | | |
| 7 | 3 | 6 | 9 | 7 | | | |
| (specify) MEDICAL MONITORING EQUIPMENT | | | | (specify) | | | |
| C. THIRD | | | | D. FOURTH | | | |
| 7 | | | | 7 | | | |
| (specify) | | | | (specify) | | | |

VIII. OPERATOR INFORMATION

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|-------------|--|---------------------|--|---|--|----------------------------|--|---|--|---|--|---|--|---|--|---|--|---|--|---|--|---|--|
| A. NAME | | | | | | | | | | | | B. Is the name listed in Item VIII-A also the owner? | | | | | | | | | | | | | | | |
| GENERAL ELECTRIC COMPANY | | | | | | | | | | | | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | | | | | | | | | | | | | |
| C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.) | | | | | | | | | | D. PHONE (area code & no.) | | | | | | | | | | | | | | | | | |
| F = FEDERAL | | M = PUBLIC (other than federal or state) | | P = PRIVATE | | O = OTHER (specify) | | P | | 4 | | 1 | | 4 | | 3 | | 8 | | 3 | | 2 | | 1 | | 1 | |
| E. STREET OR P.O. BOX | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| P O BOX 414 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| F. CITY OR TOWN | | | | | | | | | | G. STATE | | H. ZIP CODE | | IX. INDIAN LAND | | | | | | | | | | | | | |
| MILWAUKEE | | | | | | | | | | WI | | 53201 | | Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | | | | | | | | | | | |

X. EXISTING ENVIRONMENTAL PERMITS

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| A. NPDES (Discharges to Surface Water) | | | | | | | | | | D. PSD (Air Emissions from Proposed Sources) | | | | | | | | | |
| 9 N | | | | | | | | | | 9 P | | | | | | | | | |
| B. UIC (Underground Injection of Fluids) | | | | | | | | | | E. OTHER (specify) | | | | | | | | | |
| 9 U | | | | | | | | | | (specify) | | | | | | | | | |
| C. RCRA (Hazardous Wastes) | | | | | | | | | | E. OTHER (specify) | | | | | | | | | |
| 9 R | | | | | | | | | | 0040070 (specify) WPDES (Wis.) | | | | | | | | | |

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

Assemble and test medical monitoring equipment.

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

| | | | | | |
|---|--|--------------|--|----------------|--|
| A. NAME & OFFICIAL TITLE (type or print) | | B. SIGNATURE | | C. DATE SIGNED | |
| W. L. Robb, Vice President & Division General Manager | | | | 11/6/80 | |

COMMENTS FOR OFFICIAL USE ONLY

| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|

| | | | | | | | | | | | | | | |
|-----------------------|--|--|-------------------------------|--|--|--|--|--|--|--|--|--|--|--|
| FORM 3 RCRA | | U.S. ENVIRONMENTAL PROTECTION AGENCY HAZARDOUS WASTE PERMIT APPLICATION Consolidated Permits Program (This information is required under Section 3005 of RCRA.) | I. EPA I.D. NUMBER | | | | | | | | | | | |
| | | | F W I D 0 0 0 8 0 8 7 2 5 3 1 | | | | | | | | | | | |

| | | | | | | | | | | | | | | |
|------------------------------|--|--|--|--|---------------------------------|--|--|--|--|----------|--|--|--|--|
| FOR OFFICIAL USE ONLY | | | | | | | | | | | | | | |
| APPLICATION APPROVED | | | | | DATE RECEIVED (yr., mo., & day) | | | | | COMMENTS | | | | |
| 23 | | | | | 24 | | | | | | | | | |

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

| | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| A. FIRST APPLICATION (place an "X" below and provide the appropriate date) | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.) | | | | | | | | | | | | | | |
| <input type="checkbox"/> 2. NEW FACILITY (Complete item below.) | | | | | | | | | | | | | | |
| FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left) | | | | | | | | | | | | | | |
| C 8 YR. 6 8 MO. 1 0 DAY 1 5 | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| B. REVISED APPLICATION (place an "X" below and complete Item I above) | | | | | | | | | | | | | | |
| <input type="checkbox"/> 1. FACILITY HAS INTERIM STATUS | | | | | | | | | | | | | | |
| <input type="checkbox"/> 2. FACILITY HAS A RCRA PERMIT | | | | | | | | | | | | | | |

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

| PROCESS | PRO-CESS CODE | APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY | PROCESS | PRO-CESS CODE | APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY |
|--------------------------------|----------------------|--|---|-----------------|--|
| Storage: | | | Treatment: | | |
| CONTAINER (barrel, drum, etc.) | S01 | GALLONS OR LITERS | TANK | T01 | GALLONS PER DAY OR LITERS PER DAY |
| TANK | S02 | GALLONS OR LITERS | SURFACE IMPOUNDMENT | T02 | GALLONS PER DAY OR LITERS PER DAY |
| WASTE PILE | S03 | CUBIC YARDS OR CUBIC METERS | INCINERATOR | T03 | TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR |
| SURFACE IMPOUNDMENT | S04 | GALLONS OR LITERS | OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.) | T04 | GALLONS PER DAY OR LITERS PER DAY |
| Disposal: | | | | | |
| INJECTION WELL | D79 | GALLONS OR LITERS | | | |
| LANDFILL | D80 | ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER | | | |
| LAND APPLICATION | D81 | ACRES OR HECTARES | | | |
| OCEAN DISPOSAL | D82 | GALLONS PER DAY OR LITERS PER DAY | | | |
| SURFACE IMPOUNDMENT | D83 | GALLONS OR LITERS | | | |
| UNIT OF MEASURE | UNIT OF MEASURE CODE | UNIT OF MEASURE | UNIT OF MEASURE CODE | UNIT OF MEASURE | UNIT OF MEASURE CODE |
| GALLONS | G | LITERS PER DAY | V | ACRE-FEET | A |
| LITERS | L | TONS PER HOUR | D | HECTARE-METER | F |
| CUBIC YARDS | Y | METRIC TONS PER HOUR | W | ACRES | B |
| CUBIC METERS | C | GALLONS PER HOUR | E | HECTARES | Q |
| GALLONS PER DAY | U | LITERS PER HOUR | H | | |

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

| | | | | | | | | | | | | | | |
|--|------------------------------------|----------------------------|---------------------------------|-----------------------|-------------|------------------------------------|----------------------------|---------------------------------|-----------------------|--|--|--|--|--|
| C DUP | | | | | | | | | | | | | | |
| 1 2 13 14 15 | | | | | | | | | | | | | | |
| LINE NUMBER | A. PRO-CESS CODE (from list above) | B. PROCESS DESIGN CAPACITY | | FOR OFFICIAL USE ONLY | LINE NUMBER | A. PRO-CESS CODE (from list above) | B. PROCESS DESIGN CAPACITY | | FOR OFFICIAL USE ONLY | | | | | |
| | | 1. AMOUNT (specify) | 2. UNIT OF MEASURE (enter code) | | | | 1. AMOUNT | 2. UNIT OF MEASURE (enter code) | | | | | | |
| X-1 | S 0 2 | 600 | G | | 5 | | | | | | | | | |
| X-2 | T 0 3 | 20 | E | | 6 | | | | | | | | | |
| 1 | S 0 1 | 300 | G | | 7 | | | | | | | | | |
| 2 | | | | | 8 | | | | | | | | | |
| 3 | | | | | 9 | | | | | | | | | |
| 4 | | | | | 10 | | | | | | | | | |
| 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 | | | | | | | | | | | | | | |

135

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR . OR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

| | | | |
|--------------------------------|-------------|-------------------------------|-------------|
| ENGLISH UNIT OF MEASURE | CODE | METRIC UNIT OF MEASURE | CODE |
| POUNDS | P | KILOGRAMS | K |
| TONS | T | METRIC TONS | M |

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

| LINE NO. | A. EPA HAZARDOUS WASTE NO. (enter code) | B. ESTIMATED ANNUAL QUANTITY OF WASTE | C. UNIT OF MEASURE (enter code) | D. PROCESSES | |
|----------|--|---------------------------------------|------------------------------------|-----------------------------|--|
| | | | | 1. PROCESS CODES (enter) | 2. PROCESS DESCRIPTION (if a code is not entered in D(1)) |
| X-1 | K 0 5 4 | 900 | P | T 0 3 D 8 0 | |
| X-2 | D 0 0 2 | 400 | P | T 0 3 D 8 0 | |
| X-3 | D 0 0 1 | 100 | P | T 0 3 D 8 0 | |
| X-4 | D 0 0 2 | | | | included with above |

135

Continued from page 2.

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

| EPA I.D. NUMBER (enter from page 1) | | | | | | | | | | | | | FOR OFFICIAL USE ONLY | | | | | | | | | | | | | | | | | | |
|--|---------------------------------------|---------------------------------------|---------------------------------|--------------------------|----|----|----|----|----|----|----|---|--|----|----|----|----|-------|----|----|----|----|----|----|----|----|----|----|----|----|----|
| <div> <div>W</div> <div>I</div> <div>D</div> <div>0</div> <div>0</div> <div>0</div> <div>8</div> <div>0</div> <div>8</div> <div>7</div> <div>2</div> <div>5</div> <div>3</div> <div>1</div> </div> | | | | | | | | | | | | | <div> <div>W</div> <div>D</div> <div>U</div> <div>P</div> </div> | | | | | | | | | | | | | | | | | | |
| IV. DESCRIPTION OF HAZARDOUS WASTES (continued) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LINE NO. | A. EPA HAZARD. WASTE NO. (enter code) | B. ESTIMATED ANNUAL QUANTITY OF WASTE | C. UNIT OF MEASURE (enter code) | D. PROCESSES | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | 1. PROCESS CODES (enter) | | | | | | | | 2. PROCESS DESCRIPTION (if a code is not entered in D(1)) | | | | | | | | | | | | | | | | | | | |
| | | | | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 |
| 1 | F 0 0 1 | 10000 | P | | | | | | | | | | | | | | | S 0 1 | | | | | | | | | | | | | |
| 2 | U 0 8 0 | 95000 | P | | | | | | | | | | | | | | | S 0 1 | | | | | | | | | | | | | |
| 3 | U 2 2 6 | 19000 | P | | | | | | | | | | | | | | | S 0 1 | | | | | | | | | | | | | |
| 4 | F 0 1 7 | 10000 | P | | | | | | | | | | | | | | | S 0 1 | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 25 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 26 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

135

IV. DESCRIPTION OF HAZARDOUS WASTE (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

F6A/55

EPA I.D. NO. (enter from page 1)

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|----|----|----|----|----|-----|----|
| S | F | W | I | D | 0 | 0 | 0 | 8 | 0 | 8 | 7 | 2 | 5 | T/A | C |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail). F6A/56

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

LONGITUDE (degrees, minutes, & seconds)

| | | | | | | |
|----|----|----|----|----|----|----|
| 4 | 2 | 5 | 7 | 0 | 1 | 0 |
| 65 | 66 | 67 | 68 | 69 | 70 | 71 |

| | | | | | | | |
|----|----|----|----|----|----|----|----|
| 0 | 8 | 7 | 5 | 4 | 0 | 5 | 5 |
| 72 | 73 | 74 | 75 | 76 | 77 | 78 | 79 |

VIII. FACILITY OWNER

☐ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

| | | | | | | | | | | | | | | | | | | | | | | | | |
|----|----|------------------------------|--|--|--|--|--|--|--|--|--|--|--|--------------|----|----|----|----|----|----|----|----|----|----|
| C | E | APEX INVESTMENT ASSOC., INC. | | | | | | | | | | | | 414-272-4440 | | | | | | | | | | |
| 15 | 16 | | | | | | | | | | | | | 55 | 56 | 57 | 58 | 59 | 60 | 61 | 62 | 63 | 64 | 65 |

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|----|----|----------------------|--|--|--|--|--|--|--|--|--|--|--|----|----|-----------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-------|----|----|----|--|--|--|--|--|--|--|--|
| C | F | 222 East Erie Street | | | | | | | | | | | | C | G | Milwaukee | | | | | | | | | | | | C | W | I | 53202 | | | | | | | | | | | |
| 15 | 16 | | | | | | | | | | | | | 45 | 46 | 47 | 48 | 49 | 50 | 51 | 52 | 53 | 54 | 55 | 56 | 57 | 58 | 59 | 60 | 61 | 62 | 63 | 64 | 65 | | | | | | | | |

IX. OWNER CERTIFICATION

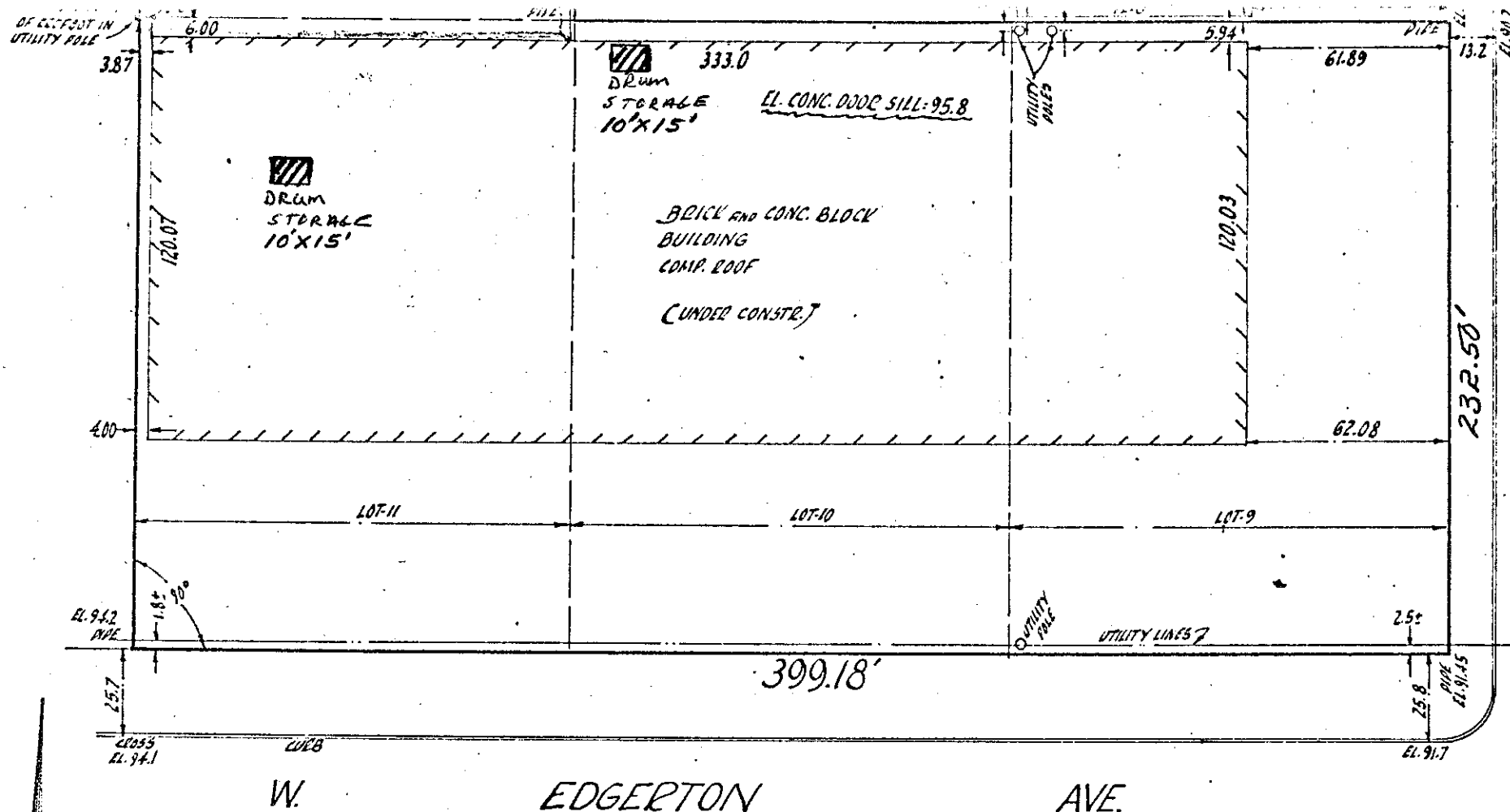
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| A. NAME (print or type) | | | | | | | | | | | | | | | B. SIGNATURE | | | | | | | | | | | | | | | C. DATE SIGNED | | | | | | | | | | | | | | |
| Apex Investment Assoc., Inc. | | | | | | | | | | | | | | | Alexander A. Gentry, President | | | | | | | | | | | | | | | Nov. 12, 1980 | | | | | | | | | | | | | | |

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| A. NAME (print or type) | | | | | | | | | | | | | | | B. SIGNATURE | | | | | | | | | | | | | | | C. DATE SIGNED | | | | | | | | | | | | | | |
| W. L. Robb, Vice President & Division General Manager | | | | | | | | | | | | | | | W. L. Robb | | | | | | | | | | | | | | | 11/6/80 | | | | | | | | | | | | | | |



We Certify that we have surveyed the above described property and that the above plat is an accurate survey and a true representation thereof and correctly shows the exterior boundary lines and location of buildings and other improvements on said property and the correct measurements thereof.

NATIONAL SURVEY SERVICE, INC.
CIVIL ENGINEERS AND SURVEYORS
3470 NORTH 127TH STREET (414) 781-3010
BROOKFIELD, WIS. 53005



Kenneth E Burke
SURVEYOR



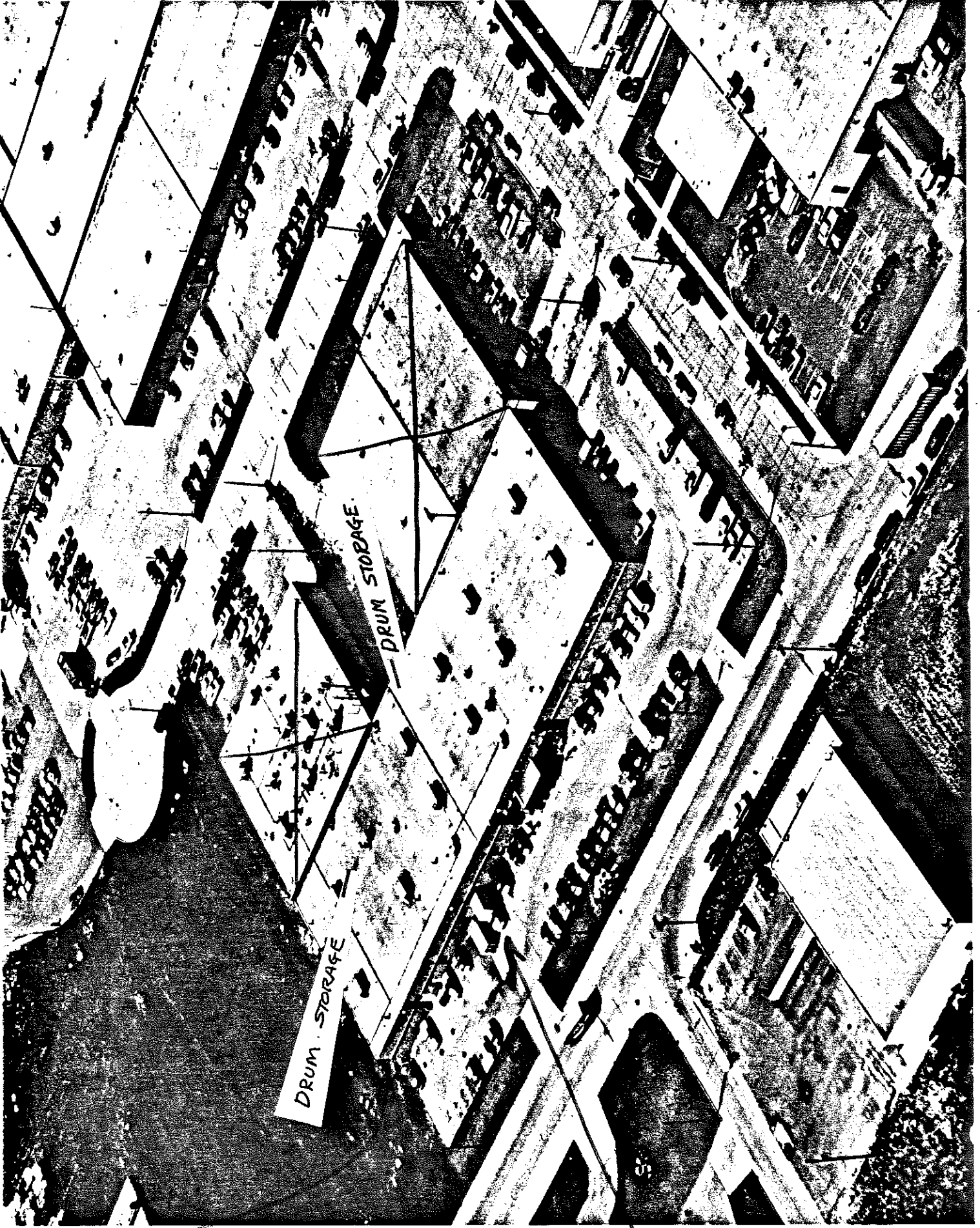
Exhibit A

SCALE: 1"=40'

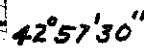
NO 2

S.

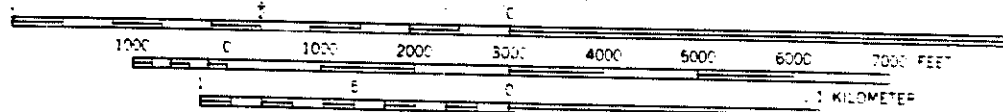
135



THIS BLDG. IS 300 EDGERTON AVE



SCALE 1:24 000



CONTOUR INTERVAL 10 FEET

DEPTH CURVES AND SOUNDINGS IN FEET- DATUM IS 578 FEET

THIS MAP COMPLIES WITH NATIONAL MAP ACCURACY STANDARDS
FOR SALE BY U. S. GEOLOGICAL SURVEY, WASHINGTON, D. C. 20242
AND BY THE WISCONSIN GEOLOGICAL AND NATURAL HISTORY SURVEY, MADISON, WISCONSIN 53706
A FOLDER DESCRIBING TOPOGRAPHIC MAPS AND SYMBOLS IS AVAILABLE ON REQUEST

QUAC

GRID AND 1971 MAGNETIC ANOMALY
CLINATION AT CENTER OF S-EE

cc: W. Yokers (ED-862)
L. Harrer (ED-841)

July 7, 1981

WID 000808725 OK

Environmental Protection Agency
Region V - RCRA Activities
P. O. Box 7861
Chicago, Il. 60680

RE: Amended Part-A Consolidated Permit

Dear Sir or Madam:


Enclosed are amended permit applications for two General Electric facilities located in Wisconsin.

The permits are for the Dental Manufacturing facility....515 W. Edgerton Ave., Milwaukee, Wi. 53207 and the Cardio-Surgical facility....315 W. Edgerton Ave., Milwaukee, Wi. 53207.

Permit revisions have been undertaken to reflect the fact that the waste storage areas have been relocated. Neither the quantity nor the types of wastes being stored at these facilities will change. Relocation of the storage areas will facilitate proper containment of the waste drums.

If you have any questions concerning the amended permits, please contact me at (414) 544-3022.

Respectfully,



Dennis M. Hussey
Division Environmental Coordinator (W-715)
Facilities & Environmental Engineering

DMH:pm

Enclosures

2 SUB. PART A

JUL 13 1981

GENERAL  ELECTRICCORPORATE
ACCOUNTING
SERVICES

GENERAL ELECTRIC COMPANY..... FAIRFIELD, CONNECTICUT 06431

January 13, 1983

*ADDITIONAL INFORMATION
IS FILED WITH*

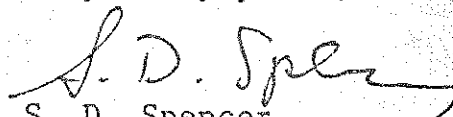
Regional Administrators

United States Environmental Protection Agency

04D 004 226 171

The General Electric Company submitted its demonstration of Financial Responsibility for Liability Coverage and Closure and/or Post Closure Care for its hazardous waste facilities on June 28, 1982. Attached are amended documents which reflect non sudden accident liability coverage as well as some changes in sites covered and minor revisions to cost estimates. These changes do not affect the results of the financial test mechanism.

Very truly yours,



S. D. Spencer
Consultant - External Financial
Information

SDS:avs

Attachment

RECEIVED

JAN 18 1983

WASTE MANAGEMENT BRANCH
EPA REGION V

P ublic Notice Regarding Tentative
Determination of Conformity with
Corrective Action Requirements

The United States Environmental Protection Agency (U.S. EPA) Region V, is hereby giving notice of its tentative determination that there have been NO uncorrected releases of hazardous waste or hazardous constituents to the environment, from any current or previous solid waste management units, at the site on which General Electric Medical Systems Group currently operates a/an hazardous waste storage facility at (street address).

315 W. Edgerton Avenue, Milwaukee, Wisconsin.

This tentative determination is one of the steps U.S. EPA is undertaking to fulfill its obligations under the recently enacted (November 8, 1984) Hazardous and Solid Waste Amendments of 1984 (HSWA; the Amendments). Section 206 of the Amendments requires that all hazardous waste management permits issued after November 8, 1984, must require corrective action for all releases of hazardous waste or constituents from any solid waste management unit at a treatment, storage or disposal facility seeking a permit. It further requires that permits issued must contain schedules of compliance for such corrective action (where such corrective action cannot be completed prior to the issuance of the permit) and assurances of financial responsibility for completing such corrective action.

U.S. EPA gave notice to the public of a draft permit for General Electric Medical Systems Group, on _____, and held a public hearing on the draft permit on _____. The technical review of the permit application, coupled with the above public participation activities constituted the whole of the application review process prior to HSWA.

A final determination by U.S. EPA concerning any releases of hazardous waste or hazardous constituents to the environment, will also decide whether or not an additional condition is placed in any final RCRA permit. Should U.S. EPA determine that such releases have occurred, any permit issued to General Electric Medical Systems Group would require that corrective action be taken to address such releases, to prevent any threat to public health and the environment. Should U.S. EPA determine that such releases have not occurred, no such corrective action requirement would be necessary.

Today's tentative determination is based on a review of files and documents readily available to U.S. EPA. The review has not discovered any evidence of any such releases to the environment.

Comments are hereby solicited from the public as to whether any such releases have ever occurred at this site. Comments must be in writing, and should provide factual information (type of release, location, date) which would cause U.S. EPA to modify today's tentative determination. Comments must be postmarked no later than _____, and be addressed to _____. Comments may be submitted anonymously.



RECEIVED

General Electric Company
3135 Easton Turnpike, Fairfield, CT 06431

MAR 29 1988

March 24, 1988

U.S. EPA REGION 5
OFFICE OF REGIONAL ADMINISTRATOR

U.S. EPA REGION V
SHE - FLS

Re: Demonstration by General Electric Company of Financial Responsibility for Liability Coverage and Closure and/or Post-Closure Care.

O. WMD

CC: RF

CERT#P 440 967 712

Dear Sir or Madam:

The attached information is submitted by the General Electric Company to comply with the financial responsibility requirements of your state's hazardous waste program:

- o Letter from Chief Financial Officer, with wording for the financial test, including:
 - Schedules of affected facilities as specified in the Letter from Chief Financial Officer.
 - List of facilities whose closure or post-closure cost estimates differ from inflation-adjusted estimates from last year, and explanations for those discrepancies.
- o Copy of General Electric's 1987 Annual Report, which includes the independent public accountant's report on examination of financial statements for the latest completed fiscal year.
- o - Special report from Peat, Marwick, Mitchell, & Co. with respect to General Electric Company's financial information included in the Letter from Chief Financial Officer.

If you have any questions about the information submitted, please contact me at (203) 373-2950.

Sincerely,

Irene Boczek
Analytical Consultant

COPY 2



General Electric Company
3135 Easton Turnpike, Fairfield, CT 06431

Letter from Chief Financial Officer to Demonstrate Both Liability
Coverage and Assurance of Closure or Post Closure

March 24, 1988

Environmental Protection Agency
Region V
Regional Administrator
230 South Dearborn
Chicago, IL 60604

I am the chief financial officer of the General Electric Company, 1 River Road, Schenectady, New York 12345. This letter is in support of the use of the financial test to demonstrate financial responsibility for liability coverage and closure and/or post-closure care as specified in Subpart H of 40 CFR Parts 264 and 265.

The firm identified above is the owner or operator of the following facilities for which liability coverage for both sudden and nonsudden accidental occurrences is being demonstrated through the financial test specified in Subpart H of 40 CFR Parts 264 and 265: See Schedule I

The firm identified above guarantees, through the corporate guarantee specified in Subpart H of 40 CFR Parts 264 and 265, liability coverage for both sudden and nonsudden accidental occurrences at the following facilities owned or operated by the following subsidiaries of the firm: See Schedule II

1. The firm identified above owns or operates the following facilities for which financial assurance for closure or post-closure care is demonstrated through the financial test specified in Subpart H of 40 CFR Parts 264 and 265. The current closure and/or post-closure cost estimates covered by the test are shown for each facility: See Schedule III
2. The firm identified above guarantees, through the corporate guarantee specified in Subpart H of 40 CFR Parts 264 and 265, the closure and post-closure care of the following facilities owned or operated by its subsidiaries. The current cost estimates for the closure or post-closure care so guaranteed are shown for each facility: See Schedule IV
3. In states where EPA is not administering the financial requirements of Subpart H of 40 CFR Parts 264 and 265, this firm is demonstrating financial assurance for the closure or post-closure care of the following facilities through the use of a test equivalent or substantially equivalent to the financial test specified in Subpart H of 40 CFR Parts 264 and 265. The current closure or post-closure cost estimates covered by such a test are shown for each facility: See Schedule V

4. The firm identified above owns or operates the following hazardous waste management facilities for which financial assurance for closure or, if a disposal facility, post-closure care, is not demonstrated either to EPA or a State through the financial test or any other financial assurance mechanisms specified in Subpart H of 40 CFR Parts 264 and 265 or equivalent or substantially equivalent State mechanisms. The current closure and/or post-closure cost estimates not covered by such financial assurance are shown for each facility: None
5. This firm is the owner or operator of the following UIC facilities for which financial assurance for plugging and abandonment is required under Part 144. The current closure cost estimates as required by 40 CFR 144.62 are shown for each facility: None

This firm is required to file a Form 10K with the Securities and Exchange Commission (SEC) for the latest fiscal year.

The fiscal year of this firm ends on December 31. The figures for the following items marked with an asterisk are derived from this firm's independently audited, year-end financial statements for the latest completed fiscal year ended December 31, 1987.

Part B. Closure or Post-Closure Care and Liability Coverage.

Alternative II

(Dollars in thousands)

- | | |
|--|--|
| 1. Sum of current closure and post-closure cost estimates (total of <u>all</u> cost estimates listed above) | \$ <u>48,069</u> |
| 2. Amount of annual aggregate liability coverage to be demonstrated | \$ <u>8,000</u> |
| 3. Sum of lines 1 and 2 | \$ <u>56,069</u> |
| 4. Current bond rating of most recent issuance and name of rating service | <u>Aaa - Moody's</u> <u>AAA - Standard & Poor's</u> |
| 5. Date of issuance of bond | <u>March 1987</u> |
| 6. Date of maturity of bond | <u>March 1992</u> |
| *7. Tangible net worth (if any portion of the closure or post-closure cost estimates is included in "total liabilities" on your financial statements, you may add that portion to this line) | \$ <u>12,050,000</u> |
| *8. Total assets in the U.S. (required only if less than 90% of assets are located in the U.S.) | \$ <u>32,986,000</u> |

Page Three

| | <u>YES</u> | <u>NO</u> |
|--|------------|-----------|
| 9. Is line 7 at least \$10 million? | <u>x</u> | _____ |
| 10. Is line 7 at least 6 times line 3? | <u>x</u> | _____ |
| *11. Are at least 90% of assets located in the U.S.? If not, complete line 12 | _____ | <u>x</u> |
| 12. Is line 8 at least 6 times line 3? | <u>x</u> | _____ |

I hereby certify that the wording of this letter is identical to the wording specified in 40 CFR 264.151(g).

Page Four

A handwritten signature in black ink, appearing to read "Dennis D. Dannehlman", written over a horizontal line.

Dennis D. Dannehlman
Senior Vice President-Finance
March 24, 1988

SCHEDULE I

| REGION | EPAID | LOCATION | STREET | CITY | STATE | ZIP |
|--------|--------------|--------------------------------|----------------------|-----------------|-------|-------|
| 01 | CTD000842492 | DISTRIBUTION EQUIPMENT DIV. | SENT ST. | PLAINVILLE | CT | 06062 |
| 01 | CTD001453711 | BRIDGEPORT AREA RELATIONS OPR. | 1285 BOSTON AVENUE | BRIDGEPORT | CT | 06602 |
| 01 | VTD002083434 | ARMAMENT SYSTEMS DEPT | LAKESIDE AVENUE | BURLINGTON | VT | 05401 |
| 02 | NJD003918570 | NEW YORK SERVICE SHOP | 6001 TONNELLE AVENUE | NORTH BERGEN | NJ | 07047 |
| 02 | NYD000521971 | AERO ELECT SYS DPT | FRENCH ROAD | UTICA | NY | 13503 |
| 02 | NYD002080034 | SILICONE PRODS DIV | 260 HUDSON RIVER RD | WATERFORD | NY | 14843 |
| 02 | NYD002080075 | CAPACITOR TRADS DPT | 8 JOHN STREET | HUDSON FALLS | NY | 12839 |
| 02 | NYD002084135 | SCHENECTADY UTILITIES OP | 1 RIVER ROAD | SCHENECTADY | NY | 12345 |
| 02 | NYD052987096 | ELECTROMATERIALS BUS DEPT | 1 CAMPBELL ROAD | SCHENECTADY | NY | 12345 |
| 02 | NYD059385120 | ELECTRONIC SYS R & U | ELECTRONICS PARKWAY | LIVERPOOL | NY | 13088 |
| 02 | NYD066832023 | NORYL PRODUCTS DIVISION | NORYL AVENUE | SELKIRK | NY | 12158 |
| 02 | NYD067539940 | BUFFALO SERVICE SHOP | 175 MILLENS ROAD | TONAWANDA | NY | 14150 |
| 02 | NYD071094197 | CORPORATE R&D | RIVER ROAD | WISKAYUNA | NY | 12309 |
| 02 | NYD093256063 | CAPACITOR PRODS DPT | 7325 BROADWAY | FORT EDWARD | NY | 12828 |
| 03 | MDD046279311 | COLUMBIA R & U OPERATION | APPLIANCE PARK EAST | COLUMBIA | MD | 21046 |
| 03 | PAD001680719 | SPACE DIV-VALLEY FORGE | 230 GODDARD BLVD. | KING OF PRUSSIA | PA | 19406 |
| 03 | PAD005033055 | TRANS SYST BUS OPS | 2901 EAST LAKE ROAD | ERIE | PA | 16531 |
| 03 | PAD059290908 | TRANS SYS BUS OPS | INDUSTRIAL DRIVE | GROVE CITY | PA | 18127 |
| 03 | PAD060682622 | BRIDGEVILLE GLASS PLANT | MAYER STREET | BRIDGEVILLE | PA | 15017 |
| 03 | VAD003132255 | MOBILE COMM BUS DPT | MOUNTAIN VIEW ROAD | LYNCHBURG | VA | 24502 |
| 03 | VAD070360219 | WINCHESTER LAMP PLANT | ROUTE 3 BOX 310 | WINCHESTER | VA | 22601 |
| 04 | ALD981026677 | PLASTICS BUSINESS OP | ROUTE 1 BOX 21 | BURKVILLE | AL | 36725 |
| 04 | FLD001690924 | SIMULATION & CNTL SYS DPT | 1800 VOLUSIA AVENUE | DAYTONA | FL | 32105 |
| 04 | GAD003308145 | MEDIUM TRANSFORMER DPT | REDMOND CIRCLE | ROME | GA | 30161 |
| 04 | KYD006387021 | MA MANUFACTURING DIV | APPLIANCE PARK BLDG | LOUISVILLE | KY | 42301 |
| 04 | KYD074047556 | AEBG | US HIGHWAY 41A | MADISONVILLE | KY | 42431 |
| 04 | NCD003237948 | DIST TRANS BUS DPT | FAIRGROVE CHURCH RD | HICKORY | NC | 28603 |
| 04 | NCD050409150 | NUCLEAR ENERGY BUS OP | CASTLE HAYNE | WILMINGTON | NC | 28401 |
| 04 | SCD067002147 | MOBILE COMM BUS DIV | 3001 W RADIO DRIVE | FLORENCE | SC | 29501 |
| 04 | TND066709130 | DISTRIBUTION EQMT DIV | EAST MORRIS BLVD | MORRISTOWN | TN | 37814 |
| 05 | ILD005272992 | APPLIANCE CONTROL DPT | 709 WEST WALL STREET | MORRISON | IL | 60644 |
| 05 | ILD005443866 | MATTOON LAMP PLANT | 1501 S 19TH STREET | MATTOON | IL | 61938 |
| 05 | ILD005453891 | GENERAL PURPOSE CONTROL DEPT | VETERANS PARKWAY | BLOOMINGTON | IL | 61701 |
| 05 | ILD070015714 | CHICAGO SERVICE SHOP | 6045 S NOTTINGHAM AV | CHICAGO | IL | 60638 |
| 05 | ILD980503023 | MAJOR APPLIANCE | 1540 S 54TH | CICERO | IL | 60650 |
| 05 | IND000803726 | MA MANUFACTURING DIV | 301 NORTH CURRY PIKE | BLOOMINGTON | IN | 47402 |
| 05 | IND004557815 | SPECIALTY TRANSF DPT | 1701 COLLEGE STREET | FORT WAYNE | IN | 46804 |
| 05 | IND005422084 | GENL PURPOSE MOTOR DPT | 500 NORTH 9TH STREET | DECATUR | IN | 46733 |
| 05 | IND005448683 | GENL PURPOSE MOTOR DPT | 2000 TAYLOR STREET | FORT WAYNE | IN | 46804 |
| 05 | IND006040299 | GENERAL PURPOSE MTR DEPT | TWELFTH STREET SE | LINTON | IN | 46804 |
| 05 | IND006376362 | LEXAN PRODUCTS DIVISION | LEXAN LANE | MOUNT VERNON | IN | 47620 |
| 05 | IND006392773 | SPECIALTY MOTOR DEPT | 13TH & PAYNE STREETS | TELL CITY | IN | 47856 |
| 05 | MID050676622 | DETROIT SERVICE SHOP | 18704 KRAUSE STREET | RIVERVIEW | MI | 48192 |
| 05 | MNT280010398 | MINNEAPOLIS SERVICE SHOP | 2025 49TH AVENUE N | MINNEAPOLIS | MN | 55430 |
| 05 | OH0000721456 | AVIATION SERVICE DEPARTMENT | 3024 SYMMES ROAD | HAMILTON | OH | 45015 |
| 05 | OH0000817304 | AVIATION SERVICE DEPARTMENT | 1350 TENNESSEE AVE | CINCINNATI | OH | 45229 |
| 05 | OH0000817312 | AEBG | 175 NEUMANN WAY | EVENDALE | OH | 45215 |
| 05 | OH0004176046 | NILES GLASS PLANT | 403 N MAIN STREET | NILES | OH | 44446 |
| 05 | OH0004224960 | TRUMBULL LAMP PLANT | 1313 W MARKET STREET | WARREN | OH | 44485 |
| 05 | OH0004227369 | REFR METALS PROD DPT | 21800 TUNGSTEN ROAD | EUCLID | OH | 44117 |
| 05 | OH0004302428 | ELECTROMATERIALS BUS DEPT | 1350 S SECOND STREET | COSHOCTON | OH | 43812 |
| 05 | OH0009101494 | AVIATION SERVICE DEPARTMENT | 333 W SEYMOUR AVE | CINCINNATI | OH | 45216 |
| 05 | OH0048111090 | JEFFERSON WELD PLANT | 85 W ASTUBULA | JEFFERSON | OH | 44047 |

| | | | | | | |
|----|--------------|--------------------------------|----------------------|----------------|----|-------|
| 05 | OHD048432975 | LIGHTING REL & OPS | 1122 E 152ND STREET | CLEVELAND | OH | 44110 |
| 05 | OHD048433080 | CHEMICAL PRODUCTS PLANT | 1099 IVANHOE ROAD | CLEVELAND | OH | 44110 |
| 05 | OHD059061317 | RAVENNA LAMP PLANT | 6880 N CHESTNUT ST | RAVENNA | OH | 44110 |
| 05 | OHD066052804 | OHIO LAMP- WARREN | 1210 N PARK AVENUE | WARREN | OH | 45660 |
| 05 | OHD074713561 | CINCINNATI SERVICE SHOP | 156 CIRCLE FREEWAY | CINCINNATI | OH | 45246 |
| 05 | WID000808717 | MEDICAL SYSTEM BUSINESS OPS | 16800 W RYERSON ROAD | NEW BERLIN | WI | 53201 |
| 05 | WID000808725 | MEDICAL SYSTEMS BUS OPERATIONS | 300 W. EDGERTON AVE | MILWAUKEE | WI | 53221 |
| 05 | WID006121347 | DISHWASHER PRODUCTS | 2205 S 43RD ST | MILWAUKEE | WI | 53219 |
| 05 | WID006121354 | MEDICAL SYSTEMS BUSINESS OPS | 3000 N GRANDVIEW BL | WAUKESHA | WI | 53186 |
| 05 | WID086686003 | MEDICAL SYSTEMS BUSINESS OPS | 4855 W ELECTRIC AVE | MILWAUKEE | WI | 53219 |
| 05 | WID980683569 | MEDICAL SYSTEMS BUSINESS GROUP | 3114N GRANDVIEW BLVD | WAUKESHA | WI | 53186 |
| 06 | LAD053782413 | NEW ORLEANS SERVICE SHOP | 1115 DE ARMAS STREET | NEW ORLEANS | LA | 70114 |
| 06 | TXD060718269 | HOUSTON SERVICE SHOP | 8800 WALLISVILLE RD | HOUSTON | TX | 77029 |
| 06 | TXD064114242 | DALLAS SERVICE SHOP | 3202 MANOR WAY | DALLAS | TX | 75235 |
| 06 | TXD079400545 | DISTRIBUTION EQUIPMENT DIV. | 3530 W 12TH STREET | HOUSTON | TX | 77008 |
| 07 | IAD000678037 | POWER DELIVERY | 1404/18 W MT PLEASAN | W BURLINGTON | IA | 52655 |
| 07 | IAD005272703 | SWITCHGEAR BUSINESS DEPT | 510 AGENCY ROAD | W BURLINGTON | IA | 51401 |
| 07 | IAD075836130 | APPLIANCE CONTROL DEPARTMENT | 1803 RADIANTNCY | CARROLL | IA | 51401 |
| 07 | KSD041917501 | AVIATION SERVICE DEPARTMENT | STROTHER FIELD | ARKANSAS CITY | KS | 67005 |
| 07 | MOD006312375 | ST LOUIS LAMP PLANT | 6251 ETZEL AVENUE | ST LOUIS | MO | 63133 |
| 07 | MOD030709539 | SPECIALTY MOTOR DEPARTMENT | 2401 SUNSHINE STREET | SPRINGFIELD | MO | 65804 |
| 08 | COD062753702 | DENVER SERVICE SHOP | 4900 KINGSTON ST | DENVER | CO | 80239 |
| 09 | CAD000819680 | MEDICAL SYSTEMS BUSINESS OPS | 3920 SECURITY PARK | RANCHO CORDOVA | CA | 95670 |
| 09 | CAD009208075 | SAN FRANCISCO SERVICE SHOP | 5441 E 14TH STREET | OAKLAND | CA | 94601 |
| 09 | CAD009542721 | AVIATION SERVICE DEPARTMENT | ONTARIO INTL AIRPORT | ONTARIO | CA | 91761 |
| 09 | CAD030584502 | LA SERVICE SHOP | 3601 E LA PALMA ST | ANAHEIM | CA | 92806 |
| 09 | CAD053914206 | NUCLEAR ENERGY REL & UTIL | 6705 VALLECITOS RD | SUNOL | CA | 94566 |
| 09 | CAT000611095 | DISTRIBUTION EQUIPMENT DIV | 11115 VANOWEN ST | N HOLLYWOOD | CA | 91605 |
| 09 | CAT000613471 | NUCLEAR ENERGY REL & UTIL | 175 CURTNER | SAN JOSE | CA | 95125 |
| 10 | WAD009278706 | AVIATION SERVICE DEPARTMENT | 220 SOUTH DAWSON ST | SEATTLE | WA | 98108 |
| 10 | WAD046207379 | SEATTLE SERVICE SHOP | 1031 4TH AVENUE N | KENT | WA | 98031 |

SCHEDULE II

| REGION | EPAID | LOCATION | STREET | CITY | STATE | ZIP |
|--------|--------------|------------------------------|---------------------|-------------|-------|-------|
| 02 | PRD000692582 | CARIBE GENERAL ELECTRIC PROD | ROUTE 993 BARRIO | VIEQUES | PR | 00765 |
| 02 | PRD000692590 | CARIBE GENERAL ELECTRIC PROD | LA BRISA NO 5 | RIO PIEDRAS | PR | 00924 |
| 02 | PRD090070459 | CARIBE GENERAL ELECTRIC PROD | STATE RD 3 K 82 | HUMACAO | PR | 00762 |
| 02 | PRD090282757 | CARIBE GENERAL ELECTRIC PROD | KM 67 CARRETARA 149 | JUANA DIAZ | PR | 00665 |
| 02 | PRD090306077 | CARIBE GENERAL ELECTRIC PROD | EL TUQUE INDT PARK | PONCE | PR | 00731 |
| 02 | PRD090383860 | CARIBE GENERAL ELECTRIC PROD | RT 129 KM41 | ARECIBO | PR | 00612 |
| 02 | PRD090492109 | CARIBE GENERAL ELECTRIC PROD | P.O. BOX 968 | PATILLAS | PR | 00723 |
| 02 | PRD090510793 | CARIBE GENERAL ELECTRIC PROD | ROUTE 191 KM 5 | PALMER | PR | 00721 |
| 02 | PRD091019224 | CARIBE GENERAL ELECTRIC PROD | EL RETIRO IND PRK | SAN GERMAN | PR | 00745 |
| 03 | PAD003026903 | NEW PRODUCTS DIVISION | NEW HOLLAND AVENUE | LANCASTER | PA | 17604 |
| 06 | TXD061382206 | RAILCAR REPAIR CORPORATION | NORTH TIFFON RD. | RANGER | TX | 76470 |

SCHEDULE III

| REGION | EPAID | LOCATION | STREET | CITY | ST | ZIP | CLOSURE | PCLOSURE | CA | UT |
|---------------|--------------|--------------------------------|----------------------|----------------|----|-------|---------|----------|----|----|
| 01 | CTD000842492 | DISTRIBUTION EQUIPMENT DIV. | SENT ST. | PLAINVILLE | CT | 06062 | 3400 | 2730 | 0 | 0 |
| 01 | CTD001453711 | BRIDGEPORT AREA RELATIONS OPR. | 1285 BOSTON AVENUE | BRIDGEPORT | CT | 06602 | 146 | 1554 | 0 | 0 |
| 05 | OHD000721456 | AVIATION SERVICE DEPARTMENT | 3024 SYMMES ROAD | HAMILTON | OH | 45015 | 19 | 0 | 0 | 0 |
| 05 | OHD000817304 | AVIATION SERVICE DEPARTMENT | 1350 TENNESSEE AVE | CINCINNATI | OH | 45229 | 38 | 0 | 0 | 0 |
| 05 | OHD000817312 | AEBG | 175 NEUMANN WAY | EVENDALE | OH | 45215 | 760 | 0 | 0 | 0 |
| 05 | OHD004176046 | NILES GLASS PLANT | 403 N MAIN STREET | NILES | OH | 44446 | 41 | 0 | 0 | 0 |
| 05 | OHD004224960 | TRUMBULL LAMP PLANT | 1313 W MARKET STREET | WARREN | OH | 44485 | 16 | 0 | 0 | 0 |
| 05 | OHD004227369 | REFR METALS PROD DPT | 21800 TUNGSTEN ROAD | EUCLID | OH | 44117 | 168 | 0 | 0 | 0 |
| 05 | OHD004302428 | ELECTROMATERIALS BUS DEPT | 1350 S SECOND STREET | COSHOCTON | OH | 43812 | 112 | 0 | 0 | 0 |
| 05 | OHD009101494 | AVIATION SERVICE DEPARTMENT | 333 W SEYMOUR AVE | CINCINNATI | OH | 45216 | 38 | 0 | 0 | 0 |
| 05 | OHD048111090 | JEFFERSON WELD PLANT | 85 W ASTUBULA | JEFFERSON | OH | 44047 | 81 | 0 | 0 | 0 |
| 05 | OHD048432975 | LIGHTING REL & OPS | 1122 E 152ND STREET | CLEVELAND | OH | 44110 | 376 | 0 | 0 | 0 |
| 05 | OHD048433080 | CHEMICAL PRODUCTS PLANT | 1099 IVANHOE ROAD | CLEVELAND | OH | 44110 | 1070 | 0 | 0 | 0 |
| 05 | OHD059061317 | RAVENNA LAMP PLANT | 6880 N CHESTNUT ST | RAVENNA | OH | 44110 | 28 | 0 | 0 | 0 |
| 05 | OHD066052804 | OHIO LAMP- WARREN | 1210 N PARK AVENUE | WARREN | OH | 45660 | 86 | 0 | 0 | 0 |
| 05 | OHD074713561 | CINCINNATI SERVICE SHOP | 156 CIRCLE FREEWAY | CINCINNATI | OH | 45246 | 6 | 0 | 0 | 0 |
| 07 | IAD000678037 | POWER DELIVERY | 1404/18 W MT PLEASAN | W BURLINGTON | IA | 52655 | 0 | 300 | 0 | 0 |
| 07 | IAD005272703 | SWITCHGEAR BUSINESS DEPT | 510 AGENCY ROAD | W BURLINGTON | IA | 51401 | 400 | 20 | 0 | 0 |
| 07 | IAD075836130 | APPLIANCE CONTROL DEPARTMENT | 1803 RADIANTNCY | CARROLL | IA | 51401 | 10 | 0 | 0 | 0 |
| 09 | CAD000819680 | MEDICAL SYSTEMS BUSINESS OPS | 3920 SECURITY PARK | RANCHO CORDOVA | CA | 95670 | 100 | 0 | 0 | 0 |
| 09 | CAD009208075 | SAN FRANCISCO SERVICE SHOP | 5441 E 14TH STREET | OAKLAND | CA | 94601 | 6 | 0 | 0 | 0 |
| 09 | CAD009542721 | AVIATION SERVICE DEPARTMENT | ONTARIO INTL AIRPORT | ONTARIO | CA | 91761 | 25 | 0 | 0 | 0 |
| 09 | CAD030584502 | LA SERVICE SHOP | 3601 E LA PALMA ST | ANAHEIM | CA | 92806 | 67 | 0 | 0 | 0 |
| 09 | CAD053914206 | NUCLEAR ENERGY REL & UTIL | 6705 VALLECITOS RD | SUNOL | CA | 94566 | 170 | 0 | 0 | 0 |
| 09 | CAT000611095 | DISTRIBUTION EQUIPMENT DIV | 11115 VANOWEN ST | N HOLLYWOOD | CA | 91605 | 21 | 0 | 0 | 0 |
| 09 | CAT000613471 | NUCLEAR ENERGY REL & UTIL | 175 CURTNER | SAN JOSE | CA | 95125 | 761 | 0 | 0 | 0 |
| *** Total *** | | | | | | | 7945 | 4604 | 0 | 0 |

(ALL COSTS IN THOUSANDS OF DOLLARS)

SCHEDULE IV

| REGION | EPAID | LOCATION | STREET | CITY | ST | ZIP | CLOSURE | PCLOSURE | CA | UT |
|---------------|--------------|------------------------------|---------------------|-------------|----|-------|---------|----------|----|----|
| 02 | PRD000692582 | CARIBE GENERAL ELECTRIC PROD | ROUTE 993 BARRIO | VIEQUES | PR | 00765 | 63 | 0 | 0 | 0 |
| 02 | PRD000692590 | CARIBE GENERAL ELECTRIC PROD | LA BRISA NO 5 | RIO PIEDRAS | PR | 00924 | 66 | 0 | 0 | 0 |
| 02 | PRD090070459 | CARIBE GENERAL ELECTRIC PROD | STATE RD 3 K 82 | HUMACAO | PR | 00762 | 30 | 0 | 0 | 0 |
| 02 | PRD090282757 | CARIBE GENERAL ELECTRIC PROD | KM 67 CARRETARA 149 | JUANA DIAZ | PR | 00665 | 46 | 0 | 0 | 0 |
| 02 | PRD090306077 | CARIBE GENERAL ELECTRIC PROD | EL TUQUE INDT PARK | PONCE | PR | 00731 | 4 | 0 | 0 | 0 |
| 02 | PRD090383860 | CARIBE GENERAL ELECTRIC PROD | RT 129 KM41 | ARECIBO | PR | 00612 | 145 | 0 | 0 | 0 |
| 02 | PRD090492109 | CARIBE GENERAL ELECTRIC PROD | P.O. BOX 968 | PATILLAS | PR | 00723 | 1796 | 0 | 0 | 0 |
| 02 | PRD090510793 | CARIBE GENERAL ELECTRIC PROD | ROUTE 191 KM 5 | PALMER | PR | 00721 | 904 | 0 | 0 | 0 |
| 02 | PRD091019224 | CARIBE GENERAL ELECTRIC PROD | EL RETIRO IND PRK | SAN GERMAN | PR | 00745 | 30 | 0 | 0 | 0 |
| 06 | TXD061382206 | RAILCAR REPAIR CORPORATION | NORTH TIFFON RD. | RANGER | TX | 76470 | 2009 | 0 | 0 | 0 |
| *** Total *** | | | | | | | 5093 | 0 | 0 | 0 |

(ALL COSTS IN THOUSANDS OF DOLLARS)

SCHEDULE V

| REGION | EPAID | LOCATION | STREET | CITY | ST | ZIP | CLOSURE | PCLOSURE | CA | UT |
|--------|--------------|------------------------------|----------------------|---------------|----|-------|---------|----------|----|----|
| 01 | VTD002083434 | ARMAMENT SYSTEMS DEPT | LAKESIDE AVENUE | BURLINGTON | VT | 05401 | 47 | 0 | 0 | 0 |
| 02 | NYD000521971 | AERO ELECT SYS DPT | FRENCH ROAD | UTICA | NY | 13503 | 19 | 0 | 0 | 0 |
| 02 | NYD002080034 | SILICONE PRODS DIV | 260 HUDSON RIVER RD | WATERFORD | NY | 14843 | 12112 | 1579 | 0 | 0 |
| 02 | NYD002080075 | CAPACITOR TRADS DPT | 8 JOHN STREET | HUDSON FALLS | NY | 12839 | 215 | 0 | 0 | 0 |
| 02 | NYD002084135 | SCHENECTADY UTILITIES OP | 1 RIVER ROAD | SCHENECTADY | NY | 12345 | 348 | 0 | 0 | 0 |
| 02 | NYD052987096 | ELECTROMATERIALS BUS DEPT | 1 CAMPBELL ROAD | SCHENECTADY | NY | 12345 | 265 | 0 | 0 | 0 |
| 02 | NYD059385120 | ELECTRONIC SYS R & U | ELECTRONICS PARKWAY | LIVERPOOL | NY | 13088 | 43 | 0 | 0 | 0 |
| 02 | NYD066832023 | NORYL PRODUCTS DIVISION | NORYL AVENUE | SELKIRK | NY | 12158 | 548 | 137 | 0 | 0 |
| 02 | NYD067539940 | BUFFALO SERVICE SHOP | 175 MILLENS ROAD | TONAWANDA | NY | 14150 | 134 | 0 | 0 | 0 |
| 02 | NYD071094197 | CORPORATE R&D | RIVER ROAD | NISKAYUNA | NY | 12309 | 319 | 0 | 0 | 0 |
| 02 | NYD093256063 | CAPACITOR PRODS DPT | 7325 BROADWAY | FORT EDWARD | NY | 12828 | 491 | 0 | 0 | 0 |
| 03 | MDD046279311 | COLUMBIA R & U OPERATION | APPLIANCE PARK EAST | COLUMBIA | MD | 21046 | 805 | 2292 | 0 | 0 |
| 03 | VAD003132255 | MOBILE COMM BUS DPT | MOUNTAIN VIEW ROAD | LYNCHBURG | VA | 24502 | 117 | 0 | 0 | 0 |
| 03 | VAD070360219 | WINCHESTER LAMP PLANT | ROUTE 3 BOX 310 | WINCHESTER | VA | 22601 | 32 | 0 | 0 | 0 |
| 04 | ALD981026677 | PLASTICS BUSINESS OP | ROUTE 1 BOX 21 | BURKVILLE | AL | 36725 | 44 | 0 | 0 | 0 |
| 04 | FLD001690924 | SIMULATION & CNTL SYS DPT | 1800 VOLUSIA AVENUE | DAYTONA | FL | 32105 | 99 | 0 | 0 | 0 |
| 04 | GAD003308145 | MEDIUM TRANSFORMER DPT | REDMOND CIRCLE | ROME | GA | 30161 | 218 | 0 | 0 | 0 |
| 04 | KYD006387021 | MA MANUFACTURING DIV | APPLIANCE PARK BLDG | LOUISVILLE | KY | 42301 | 157 | 0 | 0 | 0 |
| 04 | KYD074047556 | AEBG | US HIGHWAY 41A | MADISONVILLE | KY | 42431 | 180 | 0 | 0 | 0 |
| 04 | NCD003237948 | DIST TRANS BUS DPT | FAIRGROVE CHURCH RD | HICKORY | NC | 28603 | 10 | 6351 | 0 | 0 |
| 04 | NCD050409150 | NUCLEAR ENERGY BUS OP | CASTLE HAYNE | WILMINGTON | NC | 28401 | 86 | 0 | 0 | 0 |
| 04 | SCD067002147 | MOBILE COMM BUS DIV | 3001 W RADIO DRIVE | FLORENCE | SC | 29501 | 874 | 1011 | 0 | 0 |
| 04 | TND066709130 | DISTRIBUTION EQMT DIV | EAST MORRIS BLVD | MORRISTOWN | TN | 37814 | 718 | 0 | 0 | 0 |
| 05 | ILD005272992 | APPLIANCE CONTROL DPT | 709 WEST WALL STREET | MORRISON | IL | 60644 | 63 | 0 | 0 | 0 |
| 05 | ILD005443866 | MATTOON LAMP PLANT | 1501 S 19TH STREET | MATTOON | IL | 61938 | 15 | 0 | 0 | 0 |
| 05 | ILD005453691 | GENERAL PURPOSE CONTROL DEPT | VETERANS PARKWAY | BLOOMINGTON | IL | 61701 | 36 | 0 | 0 | 0 |
| 05 | ILD070015714 | CHICAGO SERVICE SHOP | 6045 S NOTTINGHAM AV | CHICAGO | IL | 60638 | 10 | 0 | 0 | 0 |
| 05 | ILD980503023 | MAJOR APPLIANCE | 1540 S 54TH | CICERO | IL | 60650 | 36 | 18 | 0 | 0 |
| 05 | IND000803726 | MA MANUFACTURING DIV | 301 NORTH CURRY PIKE | BLOOMINGTON | IN | 47402 | 79 | 0 | 0 | 0 |
| 05 | IND004557815 | SPECIALTY TRANSF DPT | 1701 COLLEGE STREET | FORT WAYNE | IN | 46804 | 6 | 0 | 0 | 0 |
| 05 | IND005422084 | GENL PURPOSE MOTOR DPT | 500 NORTH 9TH STREET | DECATUR | IN | 46733 | 7 | 0 | 0 | 0 |
| 05 | IND005448683 | GENL PURPOSE MOTOR DPT | 2000 TAYLOR STREET | FORT WAYNE | IN | 46804 | 40 | 0 | 0 | 0 |
| 05 | IND006040299 | GENERAL PURPOSE MTR DEPT | TWELFTH STREET SE | LINTON | IN | 46804 | 22 | 0 | 0 | 0 |
| 05 | IND006376362 | LEXAN PRODUCTS DIVISION | LEXAN LANE | MOUNT VERNON | IN | 47620 | 37 | 0 | 0 | 0 |
| 05 | IND006392773 | SPECIALTY MOTOR DEPT | 13TH & PAYNE STREETS | TELL CITY | IN | 47856 | 12 | 0 | 0 | 0 |
| 05 | MID050676622 | DETROIT SERVICE SHOP | 18704 KRAUSE STREET | RIVERVIEW | MI | 48192 | 150 | 0 | 0 | 0 |
| 05 | MNT280010398 | MINNEAPOLIS SERVICE SHOP | 2025 49TH AVENUE N | MINNEAPOLIS | MN | 55430 | 12 | 0 | 0 | 0 |
| 06 | LAD053782413 | NEW ORLEANS SERVICE SHOP | 1115 DE ARMAS STREET | NEW ORLEANS | LA | 70114 | 18 | 0 | 0 | 0 |
| 06 | TXD060718269 | HOUSTON SERVICE SHOP | 8800 WALLISVILLE RD | HOUSTON | TX | 77029 | 336 | 0 | 0 | 0 |
| 06 | TXD064114242 | DALLAS SERVICE SHOP | 3202 MANOR WAY | DALLAS | TX | 75235 | 10 | 0 | 0 | 0 |
| 06 | TXD079400545 | DISTRIBUTION EQUIPMENT DIV. | 3530 W 12TH STREET | HOUSTON | TX | 77008 | 48 | 0 | 0 | 0 |
| 07 | KSD041917501 | AVIATION SERVICE DEPARTMENT | STROTHER FIELD | ARKANSAS CITY | KS | 67005 | 48 | 0 | 0 | 0 |
| 07 | MOD006312375 | ST LOUIS LAMP PLANT | 6251 ETZEL AVENUE | ST LOUIS | MO | 63133 | 35 | 0 | 0 | 0 |
| 07 | MOD030709539 | SPECIALTY MOTOR DEPARTMENT | 2401 SUNSHINE STREET | SPRINGFIELD | MO | 65804 | 89 | 0 | 0 | 0 |
| 08 | COO062753702 | DENVER SERVICE SHOP | 4900 KINGSTON ST | DENVER | CO | 80239 | 7 | 0 | 0 | 0 |
| 10 | WAD009278706 | AVIATION SERVICE DEPARTMENT | 220 SOUTH DAWSON ST | SEATTLE | WA | 98108 | 34 | 0 | 0 | 0 |
| 10 | WAD046207379 | SEATTLE SERVICE SHOP | 1031 4TH AVENUE N | KENT | WA | 98031 | 8 | 0 | 0 | 0 |

*** Total ***

19039 11388 0 0

(ALL COSTS IN THOUSANDS OF DOLLARS)

TOTAL COSTS (in thousands of dollars)

| | CLOSURE | POST-CLOSURE | CORRECTIVE ACTION | UNDERGROUND TANKS |
|------------------------|-----------|--------------|-------------------|-------------------|
| SCHEDULE III | 7945 | 4604 | 0 | 0 |
| SCHEDULE IV | 5093 | 0 | 0 | 0 |
| SCHEDULE V | 19039 | 11388 | 0 | 0 |
| TOTAL | 32077 | 15992 | 0 | 0 |
| GRAND TOTAL: ALL COSTS | 48069 | | | |

EXPLANATIONS FOR INCONSISTENCIES IN COST ESTIMATES

| REGION | EPAID | REASON FOR INCONSISTENCY OF COST INCREASE |
|--------|--------------|--|
| 01 | CTD000842492 | REVISED CLOSURE AND POST-CLOSURE PLAN IN 1987 |
| 01 | CTD001453711 | SOME CLOSURE WORK COMPLETE. POST-CLOSURE COSTS HAVE INCREASED. |
| 01 | MED051431906 | NO LONGER A TSDF |
| 02 | NJD001643840 | FACILITY IS NOW GENERATOR ONLY |
| 02 | NJD002342517 | LOST TSD STATUS |
| 02 | NYD002080034 | ROUNDING ERROR |
| 02 | NYD002080075 | CLOSURE UNDERWAY |
| 02 | NYD002231272 | FACILITY SOLD |
| 02 | NYD071094197 | EXPANDED WASTE QUANTITIES AND CHANGED DISPOSAL METHODS |
| 02 | PRD000692582 | CLOSURE COST REVISED |
| 02 | PRD000692590 | SUBMITTED NEW CLOSURE PLAN WITH REVISED COST ESTIMATES |
| 02 | PRD090037276 | INTERIM STATUS TERMINATED 10/3/84 |
| 02 | PRD090070459 | CLOSURE COST REVIEWED AND REVISED DOWNWARD |
| 02 | PRD090383860 | REVISED CLOSURE PLAN |
| 02 | PRD090531104 | FACILITY IS NOW A GENERATOR ONLY |
| 02 | PRD091019224 | REVISED CLOSURE COST ESTIMATE |
| 03 | MDD046279311 | REESTIMATED CLOSURE AND POST-CLOSURE COSTS |
| 03 | PAD001680719 | READJUSTED 1986 COST ESTIMATE AFTER SUBMITTAL |
| 03 | PAD001882372 | FACILITY SOLD |
| 03 | PAD003026903 | CLOSURE PARTIALLY COMPLETE |
| 03 | PAD005033055 | LANDFILL CLOSED. MATH ERROR IN '86 30-YEAR PC TOTAL--SHD BE 198. |
| 03 | PAD060682622 | CLERICAL ERROR IN 1986 ENTRY |
| 03 | VAD980551782 | FACILITY IS NO LONGER A GE FACILITY |
| 04 | FLD001690924 | '86 CLOSURE COST REVISED DOWN |
| 04 | FLD043860451 | FACILITY SOLD |
| 04 | SCD067002147 | UNDERGOING CLOSURE--REVISED COST ESTIMATE |
| 04 | TND078565249 | NO LONGER A TSD FACILITY |
| 05 | ILD005272992 | CURRENTLY UNDERGOING CLOSURE--REVISED ESTIMATE |
| 05 | IND005448683 | CLOSURE COST REVISED |
| 05 | IND006376362 | STATUS OF SURFACE IMPOUNDMENTS UNDER NEGOTIATION WITH EPA |
| 05 | IND006417620 | PLANT SOLD |
| 05 | MID044254423 | PLANT SOLD IN 1987 |
| 05 | MID050676622 | CLOSURE COST ESTIMATE REVISED. |
| 05 | OHD000817304 | ROUNDING ERROR |
| 05 | OHD000817312 | 1986 COST SHOULD HAVE BEEN 740, NOT 750 |
| 05 | OHD004176046 | ROUNDING ERROR IN 1986 CLOSURE COST ESTIMATE |
| 05 | OHD004226171 | CLOSURE COMPLETE |
| 05 | OHD004227369 | REVISED COST ESTIMATE |
| 05 | OHD063971295 | FACILITY IS NOW A GENERATOR ONLY |
| 05 | OHD066052804 | 1986 ESTIMATE REDUCED TO \$83,410 |
| 05 | OHD074713561 | LAST YEAR'S CLOSURE COST OVER-ESTIMATED |
| 05 | WID000808709 | PLANT CLOSED. PERMIT WITHDRAWN. |
| 05 | WID000808725 | ELIMINATED SOME WASTE FROM STORAGE AREA--REVISED COSTS DOWNWARD |
| 05 | WID006121347 | REVISED CLOSURE COST |
| 05 | WID006121354 | HALF OF STORAGE AREA CLOSED. |
| 05 | WID980683569 | UNDER WASTE MINIMIZATION, ELIMINATED ONE OF FOUR WASTE STREAMS |
| 06 | LAD043197284 | FACILITY HAS COMPLETED CLOSURE |
| 06 | TXD079400545 | CLOSURE PLAN REVISED |
| 07 | IAD000678037 | CLOSURE ACTIVITIES COMPLETE. POST-CLOSURE FOUND NECESSARY. |
| 07 | IAD005272703 | REVISED COST ESTIMATES. |
| 07 | IAD075836130 | UNDERGOING CLOSURE--REVISED COST ESTIMATE |
| 07 | KSD041917501 | RAISED COST ESTIMATE FOR TANK |
| 07 | MOD006312375 | MODIFIED CLOSURE COST ESTIMATE |

07 MOD030709539 ADDED COST OF UST REMOVAL, CLEANUP, AND DISPOSAL
09 CAD000819680 CLOSURE COST NOW INCLUDES COST OF GROUNDWATER MONITORING
09 CAD030584502 REVISED CLOSURE COST 10/1/87
09 CAD053914206 REVISED '86 EST TO 161. ADDED NEW EQUIP SO CHANGE > INFL FACTOR
09 CAD980818512 NOT A TSD FACILITY. NO CLOSURE PLAN REQUIRED.
06 TXD061382206 REVISED CLOSURE COST ESTIMATE

Certified Public Accountants

Peat Marwick Main & Co.
Stamford Square
3001 Summer Street
Stamford, CT 06905

March 24, 1988

Mr. Dennis D. Dammerman
Senior Vice President - Finance
General Electric Company
3135 Easton Turnpike
Fairfield, Connecticut 06431

Dear Mr. Dammerman:

At your request, we have performed the procedures enumerated below with respect to Part B of your certificate on behalf of General Electric Company, dated March 24, 1988, to the Environmental Protection Agency. These procedures were performed solely to assist you in connection with the filing of the above mentioned certificate, and our report is not to be used for any other purpose. The procedures we performed are summarized as follows:

- The dollar amount of tangible net worth included under item 7, Part B, certificate page 2 - We compared the dollar amount of tangible net worth, which represents total share owners' equity less total intangible assets, with the balance of total share owners' equity included in the Company's 1987 Annual Report less the total of intangible assets included in note 16 on page 45 of the Company's 1987 Annual Report and found them to be in agreement.
- The dollar amount of total assets in the U.S. included under item 8, Part B, certificate page 2 - We compared the dollar amount of total assets in the U.S. with the balance of United States assets included in the geographic segment information included in note 26 on page 51 of the Company's 1987 Annual Report and found them to be in agreement.
- To determine that the negative response to item 11, Part B, certificate page 3 was correct, we compared the amount of U.S. assets included under item 8, Part B with the product of 90% times total assets as shown on the "Statement of Financial Position" page 27 of the Company's 1987 Annual Report and found that the amount under item 8 was less than the result of the computation described above.

Because the above procedures do not constitute an examination made in accordance with generally accepted auditing standards, we do not express an opinion on any of the items referred to above. In connection with the procedures referred to above, no matters came to our attention that caused us to believe that the specified amounts or items should be adjusted. Had we performed additional procedures, matters might have come to our attention that would have been reported to you. This report relates only to the amounts and items specified above and does not extend to any financial statements of General Electric Company and consolidated affiliates taken as a whole.

Very truly yours,

PEAT MARWICK MAIN & CO.


E. R. Noonan, Partner

RECEIVED
OCT 09 1984
WASTE MANAGEMENT
BRANCH

cc: Rick Karl, US EPA

October 3, 1984

Mr. Frank J. Trcka
State of Wisconsin
Department of Natural Resources
Toxic and Hazardous Waste Unit
Box 12436
Milwaukee, WI 53212

Dear Mr. Trcka:

Enclosed is a revised Closure Performance Bond submitted as proof of financial responsibility for GE Medical Systems Groups' TSD Permitted Facilities. A rider was attached to the bond increasing the bond's value. This increase reflects both inflation and additions and deletions to the list of GE's TSD Facilities.

If you have questions concerning this bond, feel free to contact me at 544-3022.



Dennis M. Hussey (W-715)
Environmental Coordinator
Medical Systems Group

Enclosure

kss

189-15

| LEAVE BLANK - DNR USE ONLY |
|----------------------------|
| Regulatory Code |
| EPA Identification Number |
| License Number |
| Name of Licensee |
| Closure Cost Estimate |

KNOW ALL MEN BY THESE PRESENTS, that General Electric Company-Medical Systems Operations
(Owner)

of 3000 N. Grandview Blvd., Waukesha, WI 53186, as Principal, and
(Address)

Federal Insurance Company, a surety company organized
(Name of Surety Company)

and existing under the laws of the State of New Jersey and duly authorized to do surety business in
the State of Wisconsin, as Surety, are held and firmly bound unto the State of Wisconsin Department of Natural Resources, as
One Hundred thirty-one thousand

Obligee, in the penal sum of One Hundred Twenty-one dollars (\$ 131,121.00), for payment of which
the Principal and the Surety bind themselves, their heirs, executors, administrators, successors and assigns, jointly and severally.

WHEREAS, the Principal owns a solid waste land disposal site or hazardous waste facility named attached schedule
of locations located in made part hereof, Town/City/Village of
(Section, Township and Range)

County, Wisconsin, and that site or facility

is subject to either the closure requirements of the plan of operation approval issued by the Obligee, dated this 28th day
of November, 19 81, and any amendments thereto or the closure requirements of sections NR 181.42(8)
and NR 181.44(12) and (13), Wisconsin Administrative Code, if applicable to the site or facility.

WHEREAS, section 144.44(3)(c), Wisconsin Statutes, requires that the Principal provide the Obligee with proof of financial
responsibility ensuring that the closure requirements of the plan of operation approval, if any, will be complied with by the
Principal and any successor in interest.

WHEREAS, this bond is written to provide proof of financial responsibility pursuant to section 144.44(3)(c), Wisconsin
Statutes, and section NR 180.15 or NR 181.42(10), Wisconsin Administrative Code, to ensure compliance with the closure
requirements of the plan of operation approval and any amendments thereto or the closure requirements in sections NR
181.42(8) and NR 181.44(12) and (13), Wisconsin Administrative Code, if applicable, and shall inure to the benefit of the
Obligee.

NOW, THEREFORE, the condition of this obligation is such that if the Principal or any successor in interest complies with
the closure requirements of the plan of operation approval and any amendments thereto or the closure requirements in sections
NR 181.42(8) and NR 181.44(12) and (13), Wisconsin Administrative Code, if applicable, and closes the facility identified above
in accordance with these closure requirements then and only then, this obligation shall be void; otherwise, it shall remain in
full force and effect.

The Surety shall become liable on this bond obligation only upon a determination by the Obligee, subject to judicial review,
that the Principal has failed to fulfill the above condition. Following such a determination, the Surety must either complete
closure of the facility in accordance with the plan of operation approval and any amendments thereto or the closure
requirements in sections NR 181.42(8) and NR 181.44(12) and (13), Wisconsin Administrative Code, if applicable, or pay the
amount of this bond as directed by the Secretary of the Obligee.

The liability of the Surety shall not be charged by any payment or succession of payments hereunder, unless and until such payment or payments shall amount in the aggregate to the full penal sum of this bond, and in no event shall the obligation of the Surety thereunder exceed the full penal sum of this bond. Release or discharge of the Surety shall not release the Principal or any successor in interest from the obligation to fully and completely comply with all closure requirements of the plan of operation approval and any amendments thereto or all closure requirements in sections NR 181.42(8) and NR 181.44(12) and (13), Wisconsin Administrative Code, if applicable. The insolvency or bankruptcy of the Principal shall not constitute a defense to the Surety with regard to any claim of liability on the obligation of this bond. No amendment to the plan of operation approval will release the Surety from its obligation under this bond.

The Surety hereby waives notification of any failure on the part of the Principal or any successor in interest to faithfully comply with the terms of the plan of operation approval or any amendments thereof or the closure requirements in sections NR 181.42(8) and NR 181.44(12) and (13), Wisconsin Administrative Code, if applicable, and lack of notice from the Obligor will not bar or limit recovery against the Surety.

This bond is effective on the 28th day of November, 19 81, and shall continue in force until terminated as hereinafter provided. As long as any obligation of the owner or any successor in interest for closure in accordance with the plan of operation approval and any amendments thereto or the closure requirements in sections NR 181.42(8) and NR 181.44(12) and (13), Wisconsin Administrative Code, if applicable, exists, this bond shall not be cancelled by the Surety unless a replacement bond or other proof of financial responsibility acceptable to the Obligor is provided to the Obligor. If the Surety proposes to cancel this bond, notice shall be provided to the Obligor and the Principal in writing by registered or certified mail not less than 90 days prior to the proposed cancellation date. Not less than 30 days prior to the expiration of the 90 day notice period, the Principal shall deliver to the Obligor a replacement bond or other proof of financial responsibility acceptable to the Obligor. In the absence of the delivery of a replacement bond or other acceptable proof of financial responsibility, all site or facility operations shall immediately cease and this bond shall remain in full force and effect as long as any obligation of the Principal or any successor in interest for closure in accordance with the plan of operation approval and any amendments thereto or the closure requirements in sections NR 181.42(8) and NR 181.44(12) and (13), Wisconsin Administrative Code, if applicable, remains unsatisfied.

Signed, sealed and dated this 28th day of November, 19 81.

[Signature] 11/25/81
Principal

General Electric Company - Medical Systems Operations

Federal Insurance Company

Surety

[Signature]
Attorney in Fact

Tom K. Brahe

Frank B. Hall & Company

Bond Number 80886450

| <u>Plant Name and Address</u> | <u>Closure Cost Estimate</u> | <u>Closure Bond</u> |
|---|------------------------------|---------------------|
| Electric Avenue Plant 4855 West Electric Avenue Milwaukee, WI 53219 | \$54,675 | \$ 59,632 |
| Printed Wire Board Plant 16555 Glendale Dr. New Berlin, WI 53151 | 7,432 | 8,106 |
| Cardio Manufacturing Plant 300 W. Edgerton Ave. Milwaukee, WI 53207 | 3,247 | 3,541 |
| Dental Manufacturing Plant 515 W. Edgerton Ave. Milwaukee, WI 53207 | 25,000 | 27,266 |
| Waukesha Plant 3000 N. Grandview Blvd. Waukesha, WI 53186 | 11,868 | 12,944 |
| Ryerson Road Plant 16800 W. Ryerson Road New Berlin, WI 53151 | 18,000 | 19,632 |
| TOTALS . | \$120,222 | \$131,121 |

POWER OF ATTORNEY

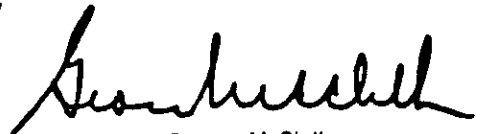
Know all Men by these Presents, That the FEDERAL INSURANCE COMPANY, 100 William Street, New York, New York a New Jersey Corporation, has constituted and appointed, and does hereby constitute and appoint Tom K. Brahe, Edward A. Gorman, Jr., David N. Somodi and E. R. Szolwinski of Milwaukee, Wisconsin-----

each its true and lawful Attorney-in-Fact to execute under such designation in its name and to affix its corporate seal to and deliver for and on its behalf as surety thereon or otherwise, bonds of any of the following classes, to-wit:

1. Bonds and Undertakings (other than Fiduciary Bonds) filed in any suit, matter or proceeding in any Court, or filed with any Sheriff or Magistrate, for the doing or not doing of anything specified in such Bond or Undertaking, in which the penalty of the bond or undertaking does not exceed the sum of Two Hundred Fifty Thousand Dollars (\$250,000.00).
2. Surety Bonds to the United States of America or any agency thereof, including those required or permitted under the laws or regulations relating to Customs or Internal Revenue; License and Permit Bonds or other indemnity bonds under the laws, ordinances or regulations of any State, City, Town, Village, Board or other body or organization, public or private; bonds to Transportation Companies, Lost Instrument bonds, Lease bonds, Workmen's Compensation bonds, Miscellaneous Surety bonds and bonds on behalf of Notaries Public, Sheriffs, Deputy Sheriffs and similar public officials.
3. Bonds on behalf of contractors in connection with bids, proposals or contracts.

In Witness Whereof, the said FEDERAL INSURANCE COMPANY has, pursuant to its By-Laws, caused these presents to be signed by its Assistant Vice-President and Assistant Secretary and its corporate seal to be hereto affixed this 1st day of January 19 79

FEDERAL INSURANCE COMPANY
By



George McClellan
Assistant Vice-President



Richard D. O'Connor
Assistant Secretary



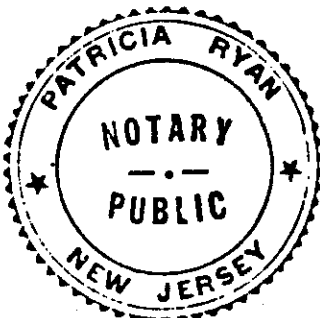
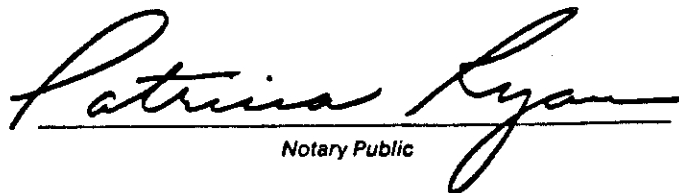
STATE OF NEW JERSEY

ss:

County of Essex

On this 1st day of January 19 79, before me personally came Richard D. O'Connor, to me known and by me known to be Assistant Secretary of the FEDERAL INSURANCE COMPANY, the Corporation described in and which executed the foregoing Power of Attorney and the said Richard D. O'Connor being by me duly sworn, did depose and say that he is Assistant Secretary of the FEDERAL INSURANCE COMPANY and knows the corporate seal thereof; that the seal affixed to the foregoing Power of Attorney is such corporate seal and was thereto affixed by authority of the By-Laws of said Company and that he signed said Power of Attorney as Assistant Secretary of said Company by like authority; that he is acquainted with George McClellan and knows him to be Assistant Vice-President of said Company, and that the signature of said George McClellan subscribed to said Power of Attorney is in the genuine handwriting of said George McClellan and was thereto subscribed by authority of said By-Laws and in deponent's presence.

Acknowledged and Sworn to before me
on the date above written.

Notary Public

PATRICIA RYAN

NOTARY PUBLIC OF NEW JERSEY

My Commission Expires December 11, 19 83

SHORT HILLS, N.J.

County of Essex

} ss.

I, the undersigned, Assistant Secretary of the FEDERAL INSURANCE COMPANY, do hereby certify that the following is a true excerpt from the By-Laws of the said Company as adopted by its Board of Directors on March 11, 1953 and amended May 27, 1971 and that this By-Law is in full force and effect.

"ARTICLE XVIII.

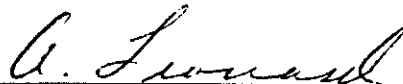
Section 2. All bonds, undertakings, contracts and other instruments other than as above for and on behalf of the Company which it is authorized by law or its charter to execute, may and shall be executed in the name and on behalf of the Company either by the Chairman or the Vice-Chairman or the President or a Vice-President, jointly with the Secretary or an Assistant Secretary, under their respective designations, except that any one or more officers or attorneys-in-fact designated in any resolution of the Board of Directors or the Executive Committee, or in any power of attorney executed as provided for in Section 3 below, may execute any such bond, undertaking or other obligation as provided in such resolution or power of attorney.

Section 3. All powers of attorney for and on behalf of the Company may and shall be executed in the name and on behalf of the Company, either by the Chairman or the Vice-Chairman or the President or a Vice-President or an Assistant Vice-President, jointly with the Secretary or an Assistant Secretary, under their respective designations."

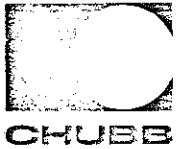
And I further certify that I have compared the foregoing copy of the POWER OF ATTORNEY with the original thereof and the same is a correct and true copy of the whole of said original Power of Attorney and that said Power of Attorney has not been revoked.

And I further certify that said FEDERAL INSURANCE COMPANY is duly licensed to transact fidelity and surety business in each of the States of the United States of America, District of Columbia, Puerto Rico, and each of the Provinces of Canada with the exception of Prince Edward Island; and is also duly licensed to become sole surety on bonds, undertakings, etc., permitted or required by law.

Given under my hand and the seal of said Company at Short Hills, N.J., this 28th day of November, 19 81.



Assistant Secretary



CHUBB GROUP of Insurance Companies

100 William Street, New York, New York 10038-4568 • Cable: Chubbson



FEDERAL INSURANCE COMPANY

RIDER to be attached to and form a part of Bond No. 8088-64-50 wherein FEDERAL INSURANCE COMPANY is named as Surety, on behalf of GENERAL ELECTRIC COMPANY - MEDICAL SYSTEMS OPERATIONS as Principal, in favor of the State of Wisconsin - Department of Natural Resources in the sum of ONE HUNDRED THIRTY ONE THOUSAND ONE HUNDRED TWENTY ONE DOLLARS (\$131,121.00)

It is hereby understood and agreed that the amount of the above bond is hereby increased from ONE HUNDRED THIRTY ONE THOUSAND ONE HUNDRED TWENTY ONE DOLLARS (\$131,121.00) to ONE HUNDRED FIFTY NINE THOUSAND FORTY ONE DOLLARS (\$159,041.00)

The attached bond shall be subject to all its agreements, limitations and conditions except as herein expressly modified.

Signed, sealed and dated this 28th day of September, 1984.

GENERAL ELECTRIC COMPANY
MEDICAL SYSTEMS OPERATIONS

BY: _____

FEDERAL INSURANCE COMPANY

BY: _____

Richard G. Hight, Assistant Secretary

ACKNOWLEDGMENT OF ANNEXED INSTRUMENT

STATE OF New York

COUNTY OF New York

} ss.:

On this 28th day of September 19 84, before me personally came Richard

G. Hight, Asst. Secretary who, being by me duly sworn, did depose and say that he is an Assistant Secretary ~~Attorney-in-Fact~~ of the FEDERAL INSURANCE COMPANY, and knows the corporate seal thereof; that the seal affixed to said annexed instrument is such corporate seal, and was thereto affixed by authority of the Power of Attorney of said Company, of which a Certified Copy is hereto attached, and that he signed said Instrument as an Attorney-in-Fact of said Company by like authority.

My Commission Expires
HELEN S. BROWN
NOTARY PUBLIC, State of New York
No. 31-4932129
Qualified in New York County
Commission Expires March 30, 1988

Acknowledged and Sworn to before me
on the date above written

Helen S. Brown
(Notary Public)

CERTIFICATION

STATE OF NEW JERSEY
County of Somerset

SS.

I, the undersigned, Assistant Secretary of the **FEDERAL INSURANCE COMPANY**, do hereby certify that the following is a true excerpt from the By-Laws of the said Company as adopted by its Board of Directors on March 11, 1953 and most recently amended March 11, 1983 and that this By-Law is in full force and effect.

"ARTICLE XVIII.

Section 2. All bonds, undertakings, contracts and other instruments other than as above for and on behalf of the Company which it is authorized by law or its charter to execute, may and shall be executed in the name and on behalf of the Company either by the Chairman or the Vice-Chairman or the President or a Vice-President, jointly with the Secretary or an Assistant Secretary, under their respective designations, except that any one or more officers or attorneys-in-fact designated in any resolution of the Board of Directors or the Executive Committee, or in any power of attorney executed as provided for in Section 3 below, may execute any such bond, undertaking or other obligation as provided in such resolution or power of attorney.

Section 3. All powers of attorney for and on behalf of the Company may and shall be executed in the name and on behalf of the Company, either by the Chairman or the Vice-Chairman or the President or a Vice-President or an Assistant Vice-President, jointly with the Secretary or an Assistant Secretary, under their respective designations. The signature of such officers may be engraved, printed or lithographed."

I further certify that said **FEDERAL INSURANCE COMPANY** is duly licensed to transact fidelity and surety business in each of the States of the United States of America, District of Columbia, Puerto Rico, and each of the Provinces of Canada with the exception of Prince Edward Island; and is also duly licensed to become sole surety on bonds, undertakings, etc., permitted or required by law.

I, the undersigned Assistant Secretary of **FEDERAL INSURANCE COMPANY**, do hereby certify that the foregoing Power of Attorney is in full force and effect.

Given under my hand and the seal of said Company at Warren, N.J., this 28th day of September, 1984

Corporate Seal



M. Stanton

Assistant Secretary

**Financial Statement of Federal Insurance Company as of December 31, 1983
IN THOUSANDS OF DOLLARS
STATUTORY BASIS**

| ASSETS | | LIABILITIES AND SURPLUS TO POLICYHOLDERS | |
|------------------------------------|----------------------------|---|----------------------------|
| United States Treasury Bonds | \$ 178,070 | Outstanding Losses and Claims | \$ 739,816 |
| United States Government Secured | | Unearned Premiums | 372,027 |
| New Housing Bonds | 55,264 | Funds Held under Reinsurance Treaties ... | 7,108 |
| State and Municipal Bonds | 484,062 | Non-Admitted Reinsurance | 29,219 |
| Other Bonds | 18,475 | Other Liabilities | <u>120,143</u> |
| Preferred Stocks | 79,099 | | |
| Common Stocks | 206,324 | | |
| Other Invested Assets | 4,224 | | |
| Short Term Investments | <u>64,642</u> | | |
| TOTAL INVESTMENTS | <u>1,090,160</u> | TOTAL LIABILITIES | <u>1,268,313</u> |
| | | | |
| Investment in Affiliates: | | | |
| Great Northern Insurance Co. | 19,532 | Common Stock | 13,987 |
| Pacific Indemnity Company | 73,751 | Paid-in Surplus | 40,913 |
| Chubb Life Insurance Co. | 47,903 | Earned Surplus | 189,294 |
| Bellemead Development Corp. | 83,846 | Unrealized Appreciation of Investments ... | <u>99,712</u> |
| Chubb Ins. Co. of Canada | 14,826 | SURPLUS TO POLICYHOLDERS | <u>343,906</u> |
| Other | 18,013 | | |
| Cash | 5,347 | TOTAL | <u>\$ 1,612,219</u> |
| Net Premiums Receivable | 194,199 | | |
| Reinsurance Recoverable on Paid | | | |
| Losses | 19,072 | | |
| Other Assets | <u>45,570</u> | | |
| TOTAL ADMITTED ASSETS | <u>\$ 1,612,219</u> | | |

Investments are valued in accordance with requirements of the National Association of Insurance Commissioners.

Investments valued at \$29,474 are deposited with government authorities as required by law.

POWER OF ATTORNEY

Know all Men by these Presents, That the FEDERAL INSURANCE COMPANY, 15 Mountain View Road, Warren, New Jersey, a New Jersey Corporation, has constituted and appointed, and does hereby constitute and appoint Richard G. Hight, Assistant Secretary and Olga Andino, Lee Cudjoe, Bonnie Laird, David B. Norris, Jr., Paul Salmon, Edward R. Saunders, Jr., Amy Sandelman, Chris Dupras, Ed Van Name, Richard Katzell, Anna Maria Lovecchio and John R. Marvin of New York, New York each its true and lawful Attorney-in-Fact to execute under such designation in its name and to affix its corporate seal to and deliver for and on its behalf as surety thereon or otherwise, bonds or obligations given or executed in the course of its business, and any instruments amending or altering the same, and consents to the modification or alteration of any instruments referred to in said bonds or obligations.

In Witness Whereof, the said FEDERAL INSURANCE COMPANY has, pursuant to its By-Laws, caused these presents to be signed by its Assistant Vice-President and Assistant Secretary and its corporate seal to be hereto affixed this 1st day of April, 1984.

Corporate Seal



FEDERAL INSURANCE COMPANY
By

Richard D. O'Connor
Assistant Secretary

George McClellan
Assistant Vice-President

STATE OF NEW JERSEY }
County of Somerset } SS.

On this first day of April, 1984, before me personally came Richard D. O'Connor to me known and by me known to be Assistant Secretary of the FEDERAL INSURANCE COMPANY, the corporation described in and which executed the foregoing Power of Attorney, and the said Richard D. O'Connor being by me duly sworn, did depose and say that he is Assistant Secretary of the FEDERAL INSURANCE COMPANY and knows the corporate seal thereof; that the seal affixed to the foregoing Power of Attorney is such corporate seal and was thereto affixed by authority of the By-Laws of said Company, and that he signed said Power of Attorney as Assistant Secretary of said Company by like authority; and that he is acquainted with George McClellan and knows him to be the Assistant Vice-President of said Company, and that the signature of said George McClellan subscribed to said Power of Attorney is in the genuine handwriting of said George McClellan and was thereto subscribed by authority of said By-Laws and in deponent's presence.

Notarial Seal



Acknowledged and Sworn to before me
on the date above written.

Notary Public

ALICE LEONARD
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires June 28, 1988

Plant Name and AddressClosure Cost Estimate

Electric Avenue Plant
4855 West Electric Avenue
Milwaukee, WI 53219
(WID 086 686 003)

\$74,875

Printed Wire Board Plant
16555 Glendale Drive
New Berlin, WI 53151
(WID 000 808 709)

\$ 9,040

Electrical Shop Plant
315 W. Edgerton Avenue
Milwaukee, WI 53207
(WID 000 808 725)

\$27,405

Waukesha Plant
3000 N. Grandview Blvd.
Waukesha, WI 53186
(WID 006 121 354)

\$13,645

Ryerson Road Plant
16800 W. Ryerson Road
New Berlin, WI 53151
(WID 000 808 717)

\$15,023

E. Dale Trout Plant
3114 N. Grandview Blvd.
Waukesha, WI 53186
(WID 980 683 569)

\$19,053

TOTAL COST:

\$159,041